



STAFF SCREENING DURING INCIDENTS & OUBREAKS

Author:	Occupational Health Service Manager, Salus Occupational Health, Safety & Return to Work Services
Responsible Lead Executive Director:	Director of Human Resources
Endorsing Body:	Human Resources Forum
Assurance Committee:	Staff Governance Group
Implementation Date:	March 2023
Version Number:	5
Review Date:	March 2026
Responsible Person:	Occupational Health Service Manager, Salus Occupational Health, Safety & Return to Work Services

Contents

- i) Consultation and Distribution Record
- ii) Change Record

1. INTRODUCTION

2. AIM, PURPOSE AND OUTCOME

3. SCOPE

4. PRINCIPAL CONTENT

4.1 PART ONE: IN THE EVENT OF AN INCIDENT OR OUTBREAK

4.1.1 Staff Screening

4.1.2 The decision to screen

4.1.3 The screening process

4.1.5 Support for staff and confidentiality

4.1.6 Management of staff refusing to be screened

4.1.4 Who should be screened?

4.2 PART TWO: MANAGEMENT OF STAFF TESTING POSITIVE AND TREATMENT FAILURES

4.2.1 Management of staff testing positive

4.2.2 Absence from work – Advice for managers

4.2.3 Treatment/Eradication Failure

5. ROLES AND RESPONSIBILITIES

6. REDEPLOYMENT

7. RESOURCE IMPLICATIONS

8. COMMUNICATION PLAN

9. QUALITY IMPROVEMENT - MONITORING AND REVIEW

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

11. SUMMARY OF POLICY / FAQs

12. REFERENCES

Staff screening during incidents and outbreaks

CONSULTATION AND DISTRIBUTION RECORD	
Consultation Process	<ul style="list-style-type: none"> • Members of the Joint Policy Forum • Infection, Prevention and Control Team • Health Protection Team • Salus OH Clinical Team
Distribution	<ul style="list-style-type: none"> • NHS Intranet, FirstPort • NHS Lanarkshire's Public Website

CHANGE RECORD			
Date	Author	Change	Version No.
Jan 2014	A Shorts	Updated to new template	2
Jan 2014	A Shorts	<i>Infection Control Team updated to Infection, Prevention and Control Team throughout document</i>	
Jan 2017	A Shorts	<i>4.1.5 Staff Counselling Service changed to Time for Talking</i>	
Jan 2017	A Shorts	<i>7. and absence due to exclusion added</i>	
Jan 2017	A Shorts	<i>References updated</i>	
May 2018	Deputy HRD	Policy reviewed against GDPR legislation:- no change required	3
Sept 2018	A Shorts	GDPR statement added into section 3 and updated name of Data Protection Act	

Staff screening during incidents and outbreaks

Jan 2020	A Shorts	Addition of sentence in 4.1.1 <i>In cases of outbreaks of epidemic proportion or higher, staff screening will be overridden by specific instructions, if any, coming from the IMT / PAG to this effect.</i>	4
February 2023	A Shorts	Grammatical changes Links updated 4.2.2 Updated with example	5

1. INTRODUCTION

1.1 NHS Lanarkshire (NHSL) aims to protect staff as far as reasonably possible from infection acquired through the work environment. It also recognises that it has an obligation to ensure that in the event of an incident or outbreak of infection, effective staff screening processes are in place for the management of staff who test positive or for whom treatment fails.

1.2 This policy and associated procedures takes into account guidance issued by the UK Health Departments including HDL (2006) 31 and the regulatory bodies of the health professions, together with advice from Salus Occupational Health (Salus OH) and the Infection Prevention and Control Team. The purpose of this policy on staff screening during an outbreak is not only to protect patients and visitors, **but also to protect staff themselves, their families and household contacts from the consequences of potentially hazardous infections.**

1.3 The risk of transmission of infection from an infected health care worker to patients (or other staff) is relatively small but all health care workers have an over-riding ethical duty to protect the health and safety of patients and colleagues. 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 stated that participation in screening programmes is implicit in their NMC Code of Practice. The Health and Care Professions Council also has standards regarding conduct, performance and ethics, always acting in the best interests of patients, clients and users.

1.4 This policy has been agreed within the Partnership structure of NHS Lanarkshire and the team convened to manage an incident or outbreak of infection will include a member of the Area Partnership Forum.

Staff screening during incidents and outbreaks

1.5 Exceptions to the conditions contained in this policy and procedures can only be authorised on an individual basis by the Medical Director in consultation with Salus OH. It will be for Senior Clinicians to ensure the application of this policy and procedures to staff in their Directorate/Department.

2. AIM, PURPOSE AND OUTCOME

- To give support, guidance and information to staff involved in an outbreak situation
- To protect the health and safety of patients, staff and visitors
- To minimise the risk of infection
- To interrupt the chain of infection

3. SCOPE

The policy applies to all directly employed staff with NHSL, irrespective of age, sex, disability, ethnicity/race, marital or civil partnership status, sexual orientation, religion or belief, pregnancy or maternity or gender reassignment.

NHSL take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information

secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

4. PRINCIPAL CONTENT

PART ONE – IN THE EVENT OF AN INCIDENT OR OUTBREAK

4.1.1 Staff screening

The Incident Management Team (IMT) in charge of management of a significant incident or outbreak of infection within a healthcare setting will decide whether staff screening is necessary to identify potentially pathogenic microorganisms or symptomatic infection among staff groups. This is a key element of the IMT's risk assessment, and may be one of the priority actions required to manage the incident or outbreak in order to protect the health and safety of patients, staff and visitors. *In cases of outbreaks of epidemic proportion or higher, staff screening will be overridden by specific instructions, if any, coming from the IMT / Problem Assessment Group (PAG) to this effect.*

4.1.2 The decision to screen

Staff screening will not be embarked upon lightly and the decision to screen will be based on the Hospital Infection Incident Assessment Tool.

<https://www.nipcm.hps.scot.nhs.uk/appendices/appendix-14-mandatory-nipcm-healthcare-infection-incident-assessment-tool-hiiat/>

Staff screening during incidents and outbreaks

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

- To characterise the epidemiology of the outbreak in terms of time, place and 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 an outbreak.

The more the above criteria are satisfied, the stronger is the case for staff screening. These are the guiding principles but, as the circumstances of each outbreak will differ, the final decision will lie with the local IMT. In all instances where the IMT determines that it is necessary to screen staff, the Chief Executive, Director of Human Resources (HR), and Employee Director will be informed as well as the trade unions and professional organisations. It is imperative that a partnership approach to screening is adopted. The inclusion of an Area Partnership Forum representative will ensure 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 stakeholders at an early stage. Communications, whilst remaining the responsibility of the IMT should also be undertaken in partnership. A true partnership approach to such a sensitive and challenging issue will reduce the potential for the development of a “blame culture”.

4.1.3 The screening process

Staff screening is a confidential process, which may be undertaken by Salus OH where possible and/or practical. The screening process can range from simply taking information from the staff member, giving advice, or requesting to take specimens. If specimens are requested, all staff should be issued with, and complete, a consent form prior to being screened. This will be the responsibility of Salus OH.

It may involve collection of specimens from a system or site of the body where the particular type of organisms being looked for are most likely to be found. For example, this could include swabs of the nose, throat, perineum (only if required), skin lesions, and faecal or blood samples. The laboratory tests used will focus specifically and exclusively on the detection of the organism(s) known or suspected to be involved in the outbreak. No other organism(s) will be tested for. Alternatively, it may be more appropriate for staff to submit samples via their General Practitioner, and Salus OH will give advice regarding this depending on the situation.

4.1.4 Who should be screened?

This will be determined by the local IMT taking into consideration the nature and seriousness of the incident or outbreak as detailed in the risk assessment, and of the

Staff screening during incidents and outbreaks

actions required. The local IMT could, for example, place staff in the following categories:

- Hands on clinical staff that have input to the unit or ward. (Usually those staff that are at the greatest risk of acquiring or spreading the organism.)
- Staff with minimal patient contact.
- Staff who have contact with healthcare equipment or the ward environment.
- Staff delivering care in the community setting/home.

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

Each situation will require its own procedure setting out the clear details of the screening process. The screening process for hands-on clinical staff may be more rigorous than that required for staff with minimal patient contact; however non-clinical staff may also be involved.

Local systems will provide guidance for employees, on a face-to-face basis and in writing, on the following:

- What specific organism(s) are being screened for?
- Details of the screening process, including the nature of specimens and the follow up screening of staff identified as being positive.
- Information relevant to the particular organism involved.
- Who are the target groups of staff?
- 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.

4.1.5 Support for staff and confidentiality

The IMT should ensure that staff are fully supported throughout the screening process and NHSL recognises its duty of confidentiality as key to obtaining the trust and co-operation of staff. Occupational Health case notes are separate from other hospital notes and the Occupational Health Clinician is ethically and professionally obliged not to release notes or information without the consent of the individual, unless it is in the greater public interest to do so. The IMT, Salus OH and the laboratory should develop systems and a protocol on the handling of samples, reporting of results and retaining confidentiality. Results of specimens from screened staff will be held in confidence by Salus OH. Salus OH staff will also be directly responsible for informing staff about their results and for treatment advice / options in relation to this. Staff members' GP should be involved, as the situation requires.

Staff screening during incidents and outbreaks

Although staff will be fully apprised of the reasons for screening (see 4.1.2), incidents or outbreaks of infection can be particularly stressful for them. They may 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. For those with such concerns access to advice & support is freely available via Salus or NHSL's confidential staff counselling service, The Talking Rooms.

4.1.6 Management of staff refusing to be screened

Professional codes of practice generally outline explicit or implicit responsibility to comply with screening exercises in the interests of patient safety. There may also be pertinent legal Health & Safety at Work issues. Once the local IMT has decided that screening staff is necessary, all targeted staff should be actively encouraged to participate. Staff, who are fully supported and informed, 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 constitutes a breach of the professional code as outlined above. In the event of this situation arising, the following procedures are recommended:

- 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 and the IMT may require to be informed.
- Dependent 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.
- A full review of employment options should take place as soon as possible and the member of staff kept informed and up to date throughout the review.

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

4.2.1. Management of staff testing positive

NHSL will ensure that a consistent, fair and supportive approach is adopted by managers throughout its Divisions based on the guidance given below. Salus OH, under advice from the IMT, should be responsible for establishing that an employee has tested positive for a particular organism(s) and for commencing appropriate treatment if required, in consultation with the person's GP. Salus OH are responsible for informing staff of the results of the screening process. This will only be undertaken by Salus OH, and will be done face to face where possible.

4.2.2 Absence from work – Advice for managers

Staff members will be excluded from work until they are symptom free in accordance with the exclusion criteria contained in the National Infection Prevention Control Manual (NIPCM) <https://www.nipcm.scot.nhs.uk/>

For example, where staff members have diarrhoea and/or vomiting, or it is established that an employee is infected with the identified organism(s), they may be sent home. Staff members will be excluded from the workplace until they have been 48 hours' symptom free. The 48-hour period of absence should not be classified as sickness absence but as "IC" on SSTS. Further advice is available via Salus OH.

4.2.3 Treatment/Eradication Failure

If, in the extremely *rare circumstances*, following appropriate treatment and risk assessment, the IMT, Salus OH and the employee's GP conclude that a member of staff is unable to return to their original post, a meeting should be convened with the staff member, their trade union/professional organisation representative, a senior 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 original post, and to discuss employment options.

5. ROLES AND RESPONSIBILITIES

The IMT will -

- Manage the incident or outbreak in order to protect the health and safety of patients, staff and visitors.
- Carry out the risk assessment.
- Identify who will be screened.
- Advise if screening of staff is necessary.
- Give guidance and support to OH.
- Give advice and guidance on behalf of NHSL throughout the period of the outbreak.

Staff screening during incidents and outbreaks

Salus OH will -

- Implement and co-ordinate of the screening programme in consultation with the IMT.
- Oversee the programme for staff, and keep managers advised of progress and staff members' fitness for work.
- Provide staff support and counselling (including pre-screen counselling if required).
- Manage personal data & ensure confidentiality.
- Obtain results and inform staff appropriately.
- Advise on the application of special leave as appropriate to remove those testing positive from the work environment, in discussion with the IMT, and inform the appropriate manager.
- Advising staff members on the potential need for treatment in consultation with microbiology and the staff member's GP if appropriate.
- Arrange specialist referrals if required.

Employees should -

- Ensure they are familiar with the policy and procedures.
- Comply with the policy.

Managers should -

- Ensure they communicate with staff about the policy.
- Consistently implement the policy at their local level.
- Keep accurate records.
- Provide details of staff members affected by the incident/outbreak to Salus OH on request

Staff Side Representatives should -

- Support the principles and procedures in the policy.
- Act in accordance with NHS Lanarkshire's Partnership Agreement.

6. REDEPLOYMENT

In the *rare circumstances* where a member of staff is unable to return to their original post, all reasonable steps will be taken to identify comparable employment within NHSL and its Divisions using NHSL's policy on Redeployment as a minimum basis. If comparable employment cannot be found within the NHS Board the employee should be asked to consider re-training / re-skilling to enable them take up other suitable alternative employment with NHSL. Where no suitable alternative employment can be found, and every effort made to redeploy the individual, and when all other options have been explored, consideration may be given to early retirement on ill-health grounds. 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.

7. RESOURCE IMPLICATIONS

Time and support of members of the IMT during and after the outbreak.

Time and support from managers and staff during and after the outbreak.

May result in sickness absence and absence due to exclusion.

Time and support from Occupational Health during and after the outbreak.

8. COMMUNICATION PLAN

The reviewed policy and process will be communicated via the NHSL internet, intranet and staff brief.

9. QUALITY IMPROVEMENT – MONITORING AND REVIEW

This policy will be monitored by Salus OH and the Infection Prevention and Control team, taking into account guidance issued by the UK Health Departments and the regulatory bodies of the health professions. The policy will be reviewed by the OHSMG, Joint Policy Forum and Human Resources Forum.

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHSL's EQIA ✓

11. SUMMARY or FREQUENTLY ASKED QUESTIONS

N/A

12. REFERENCES

Staff should be aware of the relevant Regulatory Bodies Statements on Professional Responsibilities:

- General Medical Council – Good Medical Practice 2013.
- <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>
- Nursing & Midwifery Council - The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates 2018
<https://www.nmc.org.uk/standards/code/>
- General Dental Council - Standards for the Dental Team 2013
<https://standards.gdc-uk.org/Assets/pdf/Standards%20for%20the%20Dental%20Team.pdf>
- Healthcare Associated Infection (HAI): Guidance for Staff Screening during Screening during Healthcare Associated Infection Incidents and Outbreaks
[https://www.sehd.scot.nhs.uk/dl/DL\(2020\)01.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf)
- The Hospital Infection Incident Assessment Tool.
<https://www.nipcm.hps.scot.nhs.uk/appendices/appendix-14-mandatory-nipcm-healthcare-infection-incident-assessment-tool-hiiat/>
- The Health and Care Professions Council; Standards of Conduct, Performance and Ethics 2016 <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>
- Immunisation against infectious disease: the green book. DOH. Online (updated 2020)
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV) <https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>
- National Infection Prevention Control Manual (NIPCM)
<https://www.nipcm.scot.nhs.uk/>