# STAFF SCREENING DURING INCIDENTS & OUTBREAKS

<table>
<thead>
<tr>
<th>Author:</th>
<th>Lead Occupational Health Nurse Adviser, Salus Occupational Health, Safety &amp; Return to Work Services</th>
</tr>
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<tr>
<td>Responsible Lead Executive Director:</td>
<td>Director of Human Resources</td>
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<td>Endorsing Body:</td>
<td>Human Resources Forum</td>
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<td>Assurance Committee:</td>
<td>Staff Governance Group</td>
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<tr>
<td>Responsible Person:</td>
<td>Lead Occupational Health Adviser, Salus Occupational Health, Safety &amp; Return to Work Services</td>
</tr>
</tbody>
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### CONSULTATION AND DISTRIBUTION RECORD

| Contributing Author | Ruth Hibbert – Divisional HR Director  
|                     | Annette Shorts, Lead OHA  
| Consultation Process | • Members of the Joint Policy Forum  
|                     | • Members of Infection, Prevention and Control  
|                     | • Salus OH  
|                     | • Public Health Consultant  
| Distribution | • NHSL Intranet, FirstPort |
screening will be overridden by specific instructions, if any, coming from the IMT / PAG to this effect.

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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.

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 NHS Lanarkshire, irrespective of age, sex, disability, ethnicity/race, marital or civil partnership status, sexual orientation, religion or belief, pregnancy or maternity or gender reassignment. NHS Lanarkshire 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. PRINCIPLE CONTENT

PART ONE – IN THE EVENT OF AN INCIDENT OR OUTBREAK

4.1.1 Staff screening
The Incident Management Team 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 Incident Management Team’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 / 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. [Link]

Appendix 14 – Mandatory – NIPCM Healthcare Infection Incident Assessment Tool (HIIAT)
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 and
- 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 Incident Management Team. In all instances where the Incident Management Team determines that it is necessary to screen staff, the Chief Executive, Director of Human Resources, 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 Incident Management Team 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 GP, 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 Incident Management Team taking into consideration the nature and seriousness of the incident or outbreak as detailed in the risk assessment, and of the actions required. The local Incident Management Team 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 Incident Management Team 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 Incident Management Team 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 Incident Management Team, 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’ General Practitioners should be involved, as the situation requires.

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 NHS Lanarkshire’s confidential staff counselling service, Time for Talking.

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 Incident Management
Team 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 Incident Management Team 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 Incident Management Team, 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 General Practitioner. 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
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. Salus OH will advise and liaise with the appropriate manager. Staff members will be excluded from work 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.

4.2.3 Treatment/Eradication Failure
If, in the extremely rare circumstances, following appropriate treatment and risk assessment, the Incident Management Team, Salus OH and the employee’s General Practitioner conclude that a member of staff is unable to return to his/her 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 Incident Management Team. 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 Incident Management Team will –
• Manage the incident or outbreak in order to protect the health and safety of patients, staff and visitors.
• Carry out the risk assessment
• Decide who will be screened
• Advise if screening of staff is necessary
• Give guidance and support to Occupational Health
• Give advice and guidance on behalf of NHS Lanarkshire throughout the period of the outbreak

Salus Occupational Health will –
• Implement and co-ordinate of the screening programme in consultation with the Incident Management Team.
• Oversee the programme for staff, and will 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 Incident Management Team, and inform the appropriate manager.
• Advising staff members on the potential need for treatment in consultation with microbiology and the staff member’s General Practitioner 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

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 NHS Lanarkshire’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 Incident Management Team 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 Occupational Health 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 NHS Lanarkshire’s EDIA ✔

11. SUMMARY or FREQUENTLY ASKED QUESTIONS
N/A

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

- General Dental Council - Standards for the Dental Team 2013 https://standards.gdc-uk.org/Assets/pdf/Standards%20for%20the%20Dental%20Team.pdf