



SCOTTISH EXECUTIVE

Health Department
Workforce Directorate

Dear Colleague

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

Summary

1. This letter sets out the approach to be taken by NHS Boards and Special Health Boards in ensuring effective staff screening processes in the event of an incident or outbreak of infection, and the management of staff who test positive or where treatment fails.

Background

2. As part of the work undertaken by the Ministerial HAI Task Force, professional guidance has been prepared on the management of incidents and outbreaks of HAI. That document, to be issued shortly, outlines the guiding principles for action required in the event of outbreaks and incidents related to HAI including the potential requirement for staff screening. In the absence of national policy, the HAI Task Force requested that the Human Resources Forum develop a document on HR issues as they relate to staff screening.

3. This work is now complete and a national policy for staff screening has been signed off by the Human Resources Forum and the HAI Task Force. With the disbanding of the HRF, implementation will be overseen by the Scottish Workforce and Staff Governance Committee. The basic aim of staff screening during an outbreak is to protect patients and visitors, but also to protect staff themselves, their families and household contacts from the consequences of potentially hazardous infections.

19 May 2006

Addresses

For action

Chairs, NHS Boards and Special Health Boards
Chief Executives, NHS Boards and Special Health Boards

For information

Medical Directors, NHS Boards and Special Health Boards
Directors of Human Resources NHS Boards and Special Health Boards
Directors of Occupational Health and Occupational Health Nurse Managers
Members, Scottish Partnership Forum
Members, Scottish Workforce and Staff Governance Committee

Enquiries to:

Alex Killick
Directorate of Human Resources
Ground Floor Rear
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2789

Fax: 0131-244 2837

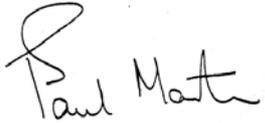
e-mail:

Alex.Killick@scotland.gsi.gov.uk

Action

4. Boards should work in partnership with trade unions/professional organisations to agree a policy on staff screening. These should be based on the recommendations and guidance contained within the attached document.

Yours sincerely

A handwritten signature in black ink that reads "Paul Martin". The signature is written in a cursive style with a large initial 'P'.

PAUL MARTIN

Chief Nursing Officer & Interim Director for Workforce

**NHSSCOTLAND HUMAN RESOURCES
POLICY DOCUMENT**

**Healthcare Associated Infection - Policy And Procedure For Staff
Screening During Incidents And Outbreaks**

May 2006

Part one – in the event of an incident or outbreak

Part two – management of staff testing positive and treatment failure

POLICY AND PROCEDURE

Introduction

All hospitals and NHS Boards must have in place policies for dealing with incidents and outbreaks of infection which will be handled by the local Infection Control Team or, in more serious outbreaks, by implementation of the major outbreak plan.

NB: Unless otherwise indicated, the team convened to manage an incident or outbreak of infection will be referred to as the “Incident Management Team”. This team should include a member of the Area Partnership Forum when staff screening is being considered.

PART ONE – IN THE EVENT OF AN INCIDENT OR OUTBREAK

1. Staff Screening

In some circumstances, the Incident Management Team (IMT) in charge of management of an incident or outbreak of infection within a healthcare setting may decide that staff screening is necessary to identify carriage or symptomatic infection among staff groups.

The basic aim of staff screening is to protect patients and visitors, but also to protect staff themselves, their families and household contacts from the consequences of potentially hazardous infections.

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 Professions Council also has standards of conduct regarding conduct, performance and ethics, always acting in the best interests of patients, clients and users.

NHS Boards should work in partnership with trade unions / professional organisations to develop and agree policies on staff screening. These should be based on the recommendations and guidance contained within this document and should include the following:-

- The principles and rationale behind the need to screen selected staff in some circumstances, and the role of the Incident Management Team.
- Support for staff and maintaining confidentiality.
- Management of staff refusing to be screened.
- Management of staff testing positive and treatment failure, including absence from work and, financial arrangements.
- Redeployment.
- The role of Occupational Health.

2. Principles of staff screening

In the event of a significant incident or outbreak of infection, consideration may be given by the local IMT to the screening of staff for the specific organism involved. This is a key element of the IMT's risk assessment, and may be one of the key actions required to manage the incident or outbreak in order to protect the health and safety of patients, staff and visitors.

3. The decision to screen

Staff screening should not be embarked upon lightly and it is recommended that an incident or outbreak should generally be at least in the low risk category (yellow) or higher in the "Watt Report" matrix to justify the effort and cost of the screening process.

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 the case is 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 determine 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 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 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. What is screening?

Staff screening is a confidential process, which will be undertaken by the Occupational Health Service/Department. It will involve collection of specimens from areas 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, 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.

Staff screening is a confidential process and the policy should describe how confidentiality will be maintained. All staff should be issued with, and complete, a consent form prior to being screened. This will be the responsibility of the local Occupational Health provider.

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

- Hands on clinical staff who have input to the unit or ward. Usually those staff who 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.

Each situation will require its own detailed procedure setting out the details of the screening process. Non-clinical staff involved may on occasion include cleaners, porters and administrative staff. The screening process for hands-on clinical staff may be more rigorous than that required for staff with minimal patient contact. It is recommended that these local procedures are as clear, honest and open as possible.

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

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.
- Management of staff refusing to be screened.

6. 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 / professional organisation representative or other person of their choice, 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 discharged 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, although the screening process will minimise guilt brought on by continuing to unwittingly spread 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 or hospital.

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. The Occupational Health provider should normally be the only one to hold named information on screened staff, with laboratory specimens being processed under coded identifiers. 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 viewed seriously.

7. 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, 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 constitutes a breach of the professional code as outlined in Section 1 above. NHS Boards should develop an agreed policy and 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 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.

PART TWO – MANAGEMENT OF STAFF TESTING POSITIVE AND TREATMENT FAILURE

8. Management of staff testing positive

NHS Boards should develop and agree a local procedure. It should be designed to ensure that a consistent, fair and supportive approach is adopted by Managers throughout the NHS Board and Divisions and should be based on the guidance given below.

The Occupational Health provider, under advice from the Incident Management Team (IMT), should be responsible for establishing that an employee has tested positive for a particular organism(s) and for commencing appropriate treatment in consultation with the person's General Practitioner. Occupational Health are responsible for informing staff of the results of the screening process. This should only be undertaken by Occupational Health, and must be done face to face.

9. Absence from work

As soon as it is established that an employee is infected with the identified organism(s) 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.

10. 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. The Occupational Health provider will normally be a member of the IMT where staff screening is involved. The IMT will advise on criteria for determining when employees are fit to return to work

11. Occupational Health

The role of the Occupational Health provider should include the following:-

- Implementation and co-ordination of the screening programme in consultation with the IMT.
- Staff support and counselling (including pre-screen counselling).
- Development and application of the consent form.
- Management of personal data, including appropriate identifier coding of laboratory specimens.
- 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.
- 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.

12. Treatment Failure

If, following appropriate treatment and risk assessment, the IMT, the Occupational Health provider 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 Personnel 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.

13. Redeployment

In circumstances where a member of staff is unable to return to their original post, all reasonable steps should be identified within the NHS Board and Divisions. NHS Boards should develop and agree a redeployment policy that uses the PIN Guideline 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 the NHS Board.

Where no suitable alternative employment can be found, 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

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.

This document will be subject to review in January 2008 by the Scottish Workforce and Staff Governance Committee in conjunction with the Ministerial HAI Task Force