

Controlling the Risks of Chicken Pox Infection for Health Care Workers

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Version Number:	Version 4
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Divisional and Department:	Occupational Health / HR/OD
Author / Originator and Job Title:	Dr Sue Richardson- Consultant Occupational Health
Replaces:	CORP/POL/250, Version 3, Controlling the Risks of Chicken Pox Infection for Health Care Workers
Description of amendments:	General review
Approved by:	Chairman's Action on behalf of Medicine Management and Safety Review committee (Rebecca Bond, Director of Pharmacy, Divisional Director of Clinical Support Services, Controlled Drugs Accountable Officer)
Approved Date:	04/10/2021
Issue Date:	04/10/2021
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Version Control Sheet

This must be completed and form part of the document appendices each time the document is updated and approved

Date dd/mm/yy	Version	Author	Reason for changes
04/10/21	4	Susan Houldsworth – OH Nurse Manager Kerrie Chesters – OH senior nurse advisor	Review date reached and changes in processes in OHD.

Consultation / Acknowledgements with Stakeholders

Name	Designation	Date Response Received
All clinical team	Occupational Health Governance group	11/11/2020
Patricia Cross	Infection Prevention Team	08/11/2020

1 Introduction / Purpose

The aim of this policy is:

- To ensure that all new staff are screened for immunity to Chicken Pox / Varicella Zoster (VZ).
- To ensure that all staff transferring into work in a high-risk area are screened for VZ immunity.
- To offer non-immune staff VZ vaccination (VZV).
- To reduce the risk of transmission of VZ from a member of staff, or a member of staff who has had a significant exposure to VZ, to patients or other non-immune staff.
- To check the immune status of a member of staff who has had a significant exposure to VZ either from chicken pox or shingles, and to offer VZV if they are non-immune.

2 General Principles / Target Audience

This policy applies to all staff employed by the trust, or staff employed by contractors on behalf of the trust. It includes but is not limited to cadets and work experience who are not directly employed by the trust who may be on placement.

3 Definitions and Abbreviations

VZ	Varicella Zoster
VZV	Varicella Zoster Vaccination
HIV	Human Immunodeficiency Virus

3 Procedure

3.1 Pre- Placement Screening

All prospective employees who have patient contact and/or enter clinical areas must be screened for immunity to VZ.

For people born and raised in the UK, a reliable history of having had chicken pox with evidence of pox scars is enough to consider that they are immune. No further serological testing is required.

If there is no convincing history of VZ, or the history is unclear then tests for VZ antibody must be done.

For those born and/or raised overseas, a history of chicken pox is less reliable and serological testing for chicken pox immunity must be done (VZ antibody).

Non-immune staff must be offered VZV. (See Appendix 1).

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3.2 Staff Moving to Jobs in High-Risk Areas

If a member of staff moves jobs to a high-risk area, then the new manager must inform Occupational Health so that their immune status can be checked.

Examples of high-risk areas include Obstetrics and Gynaecology, Paediatrics, Oncology, Infectious Diseases, Radiotherapy, Haematology and other areas where immunosuppressed patients (e.g., Human Immunodeficiency Virus (HIV) patients) are nursed. Laboratory areas would be considered high-risk areas too. This list is not exhaustive and risk assessments may show other areas that need to be considered as high-risk.

Only staff who are known to be VZ immune must attend patients with chicken pox / shingles.

3.3 Refusal of Vaccination

If a member of staff refuses VZ vaccination or is unable to have vaccination for medical reasons, they must report to their manager AND Occupational Health immediately if they contract VZ or following a significant exposure within or outside work. They must not enter work until appropriate advice has been sought from Occupational Health. The manager must inform Control of Infection.

If the person declines VZ vaccination the risks would be explained. If the person still declines, he or she should not work where there is a risk of exposure to chicken pox. The manager will need to consider each case individually, taking account of employment and health and safety obligations.

There may be a need to restrict the area of work of staff who refuse to be vaccinated.

3.4 Significant VZ Exposure

Significant exposure includes three aspects

- a) The type of VZ infection in the index case;
Chicken pox OR disseminated zoster (vesicular lesions involving multiple dermatomes), Immunocompetent individuals with exposed lesions (e.g., ophthalmic zoster), Immunosuppressed patients with localised lesions on any part of the body in whom viral shedding may be greater.
- b) The timing of the exposure in relation to onset of rash in the index case
Significant exposure is restricted to patients/staff exposed to a case of chicken pox or disseminated zoster between 48 hours before the onset of rash until crusting of lesions, or day of onset of rash until crusting for those exposed to localised zoster (i.e., shingles)
- c) Closeness and duration of contact
The following should be used as a guide to the type of exposure, other than maternal / neonatal and continuous home contact;

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Contact in the same room or hospital bay for a significant period of time (15 minutes or more)

Face to face contact e.g., while having a conversation.

3.5 Exclusion from Work

If a member of staff contracts chicken pox they must inform their manager and Occupational Health. Occupational Health will advise them how long they must remain off work. This is until the last crop of VZ lesions have scabbed and crusted and there are no new lesions (usually 5-7 days).

For shingles, as long as the rash can be covered and the member of staff is feeling well, they can continue to work, unless in a high-risk area where advice must be sought from Occupational Health.

If a member of staff is exposed to chicken pox or shingles either within or outside work, if they are known to be immune they can continue to work. If their immune status is not known, they must contact Occupational Health. If serological testing is then required, exclusion from work may be necessary while awaiting confirmation of immune status.

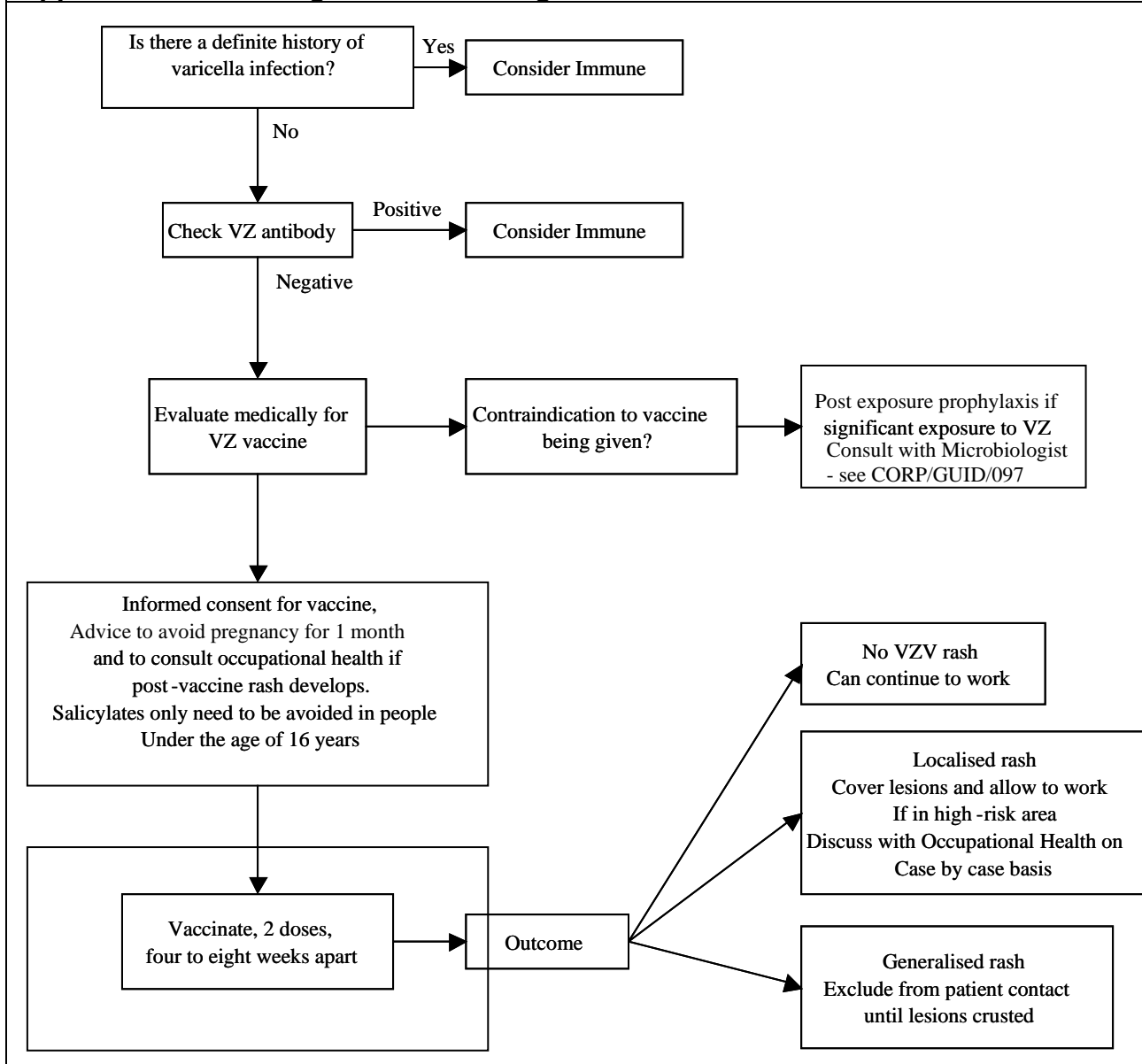
If the member of staff is non-immune, they may need to be away from work for the period between day 8 to 21 after contact, or to be assigned alternate duties that do not involve patient contact. (See Appendix 2)

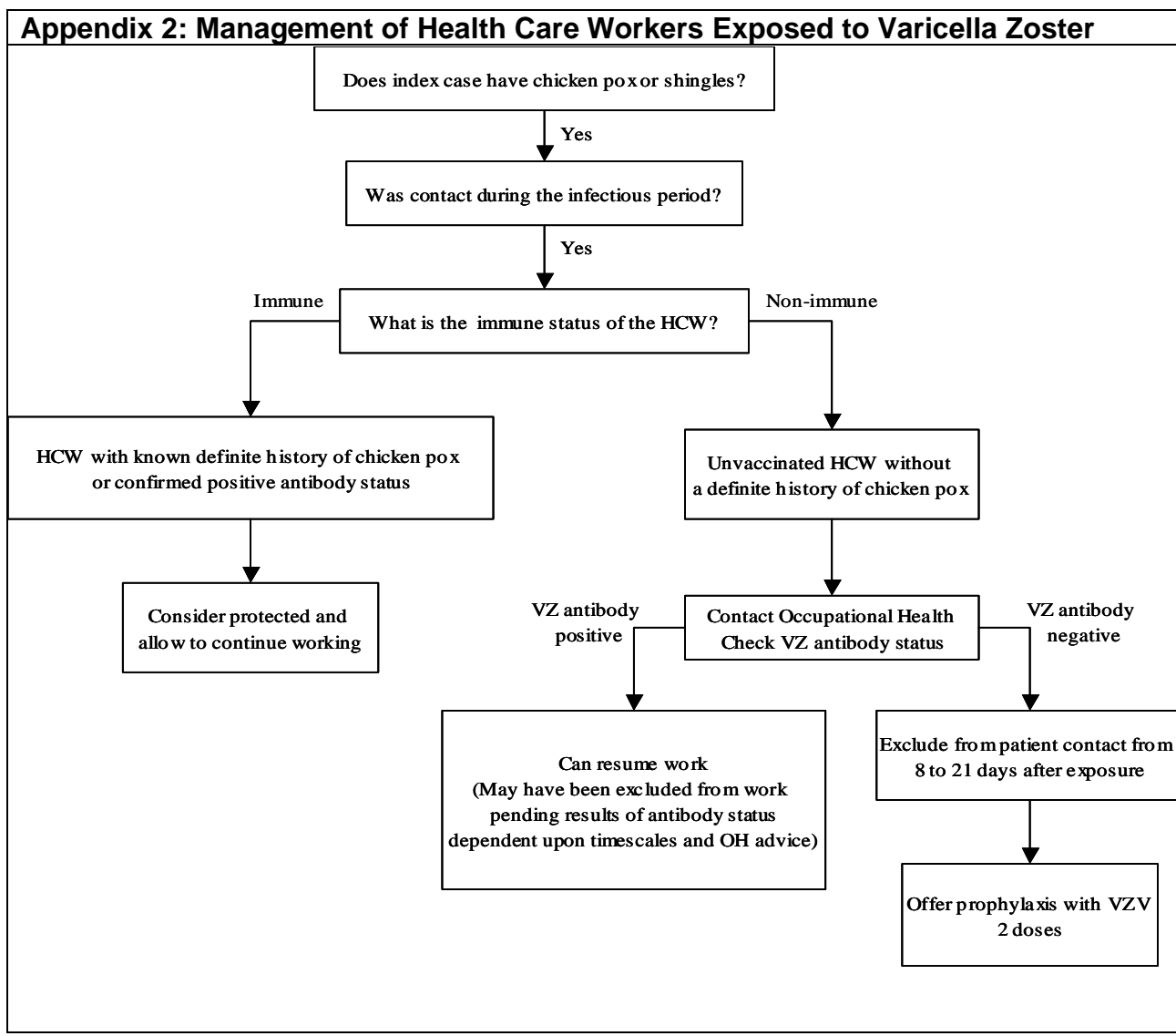
4 References and Associated Documents

1. **Public Health England.** Immunisation against infectious disease - The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK. [Online] Last updated 27/11/2020. [Cited: 05 10 2021.] <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.
2. —. Varicella: the green book, chapter 34. [Online] Last updated 26/06/2019. [Cited: 05 10 2021.] <https://www.gov.uk/government/publications/varicella-the-green-book-chapter-34>.
3. **BTHFT - Guideline.** Management of Chickenpox / Shingles in Hospital. [Online] 10 06 2019. [Cited: 05 10 2021.] <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-GUID-097.docx>. CORP/GUID/097.
4. **Public Health England.** Varicella zoster immunoglobulin - Guidance on the use and ordering of varicella zoster immunoglobulin (VZIG). [Online] Last updated 04/09/2020. [Cited: 05 10 2021.] <https://www.gov.uk/government/publications/varicella-zoster-immunoglobulin>.

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Appendix 1: Screening and Vaccinating Health Care Workers





Appendix 3: Equality Impact Assessment Form				
Department	Organisation Wide	Service or Policy	Policy	Date Completed: November 2020
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.				
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.				
QUESTION	RESPONSE		IMPACT	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified	
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	Not applicable to community safety or crime	N/A	N/A	
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A	
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A	
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A			
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A			
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A			
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified			

Appendix 3: Equality Impact Assessment Form				
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the environment	No			
<ul style="list-style-type: none"> During development At implementation? 				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:	Susan Houldsworth	Date Signed:		November 2020
Signature of Author:				
Name of Lead Person:	Susan Houldsworth	Date Signed:		November 2020
Signature of Lead Person:				
Name of Manager:	Susan Wild	Date Signed:		November 2020
Signature of Manager				