Trust Standard Operating Procedure	Plymouth Hospitals NHS NHS Trust

Guidelines for the Exclusion of Healthcare Workers with Conditions and/or Infectious Diseases

Date	Version
August 2016	1

Purpose

This Standing Operating Procedure (SOP) sets out the standardised guidance to be followed by Healthcare Workers in the event that they may be affected by infectious diseases.

Who should read this document?

This document is applicable to Healthcare Workers; PHNT staff, Ministry of Defence personnel, contractors; those employed on a fixed term contract, honorary contract, agency or locum staff, Volunteers and students affiliated to educational establishments etc. and those who fall under the auspices of the Trust. ***Not all HCWs will work with, or in close proximity to patients, service users or clients so if there is any doubt about individual situations please contact OH&WB for advice.***

Key messages

This SOP aims to:

Ensure that Healthcare Workers who are operational within the auspices of the Trust have standardised appropriate advice in the event that they are or may be affected by conditions or infectious diseases.

Accountabilities

Production	Alison Williams, Clinical Manager
Review and approval	Infection Prevention and Control Committee
Ratification	Director of Infection Prevention & Control
Dissemination	In accordance with The Development and Management of Trust Wide Documents.
Compliance	NHSLA Criterion 5; 1.3.5 CQC Essential Standards of Quality & Safety The Hygiene Code

Links to other policies and procedures

- Infection, prevention and control frame work
- Prevention of Contamination Incidents SOP
- Clinical guideline for the management of scabies
- Management and control of gram negative bacteria
- Procedure for management of hospital staff colonised with MRSA
- Control of TB Guidelines
- Guidance for the management of an outbreak, including D&V
- Guidelines for Immunisation & Screening

Version History		
V1	**Aug 2016**	Development from OH&WB Nurse Team SOP to Trust Wide SOP

Last Approval	Due for Review
Aug 2016	**Aug 2020**

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Contents

Standard Operating Procedure (SOP)

Guidelines for the Exclusion of Healthcare Workers with Conditions and/or Infectious Diseases

1	Purpose and scope

The standing operating procedure aims to prevent or minimise the risk that infected or potentially infected Healthcare Workers (HCWs) pose to patients, service users, clients and other employees or staff operational within the auspices of the Trust.

It gives guidance to HCWs and managers on the risks of certain conditions or infectious diseases and to which professionals within the Trust these suspected infections should be reported.

2	Definitions

Occupational Health & Well-being Department (OH&WB)

Infection Prevention and Control Team (IPCT)

Healthcare Worker (HCW) This term applies to PHNT staff, Ministry of Defence personnel, contractors; those employed on a fixed term contract, honorary contract, agency or locum staff, Volunteers and students affiliated to educational establishments etc. and those who fall under the auspices of the Trust. ***Not all HCWs will work with, or in close proximity to patients, service users or clients so if there is any doubt about individual situations please contact OH&WB for advice.***

DATIX (Trust Incident Reporting System)

3	Regulatory background

The Health and Safety at Work etc. Act 1974 states that an employer must make provision for securing the health, safety and welfare of persons at work and for protecting others against risks to health or safety in connection with the activities of persons at work.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) represents the main piece of legislation covering control of the risks to employees and other people arising from exposure to harmful substances generated out of or in connection with any work activity under the employer's control.

The Health and Social Care Act 2008 provides a Code of Practice and related guidance for health and adult social care on the prevention and control of infections.

4	Key Duties

The Director of Nursing has responsibility for:

- Seeking assurance that the Guideline for the exclusion of HCW with infectious diseases is managed in accordance with the SOP

All Employees have a responsibility for:

- Ensuring they are familiar and comply with this SOP and associated policies/guidance.

The Occupational Health & Wellbeing Department (OH&WB) has responsibility for:

- Providing confidential advice and on-going support to the affected HCWs.
- Organising the health surveillance of an affected HCWs.

- Referring where appropriate to specialist services or to the OHP.
- Informing relevant parties via DATIX where the policy has not been followed correctly.
- Providing information and training for HCWs in the management of contamination incidents; risk assessment, clinical management and follow-up care of HCWs etc.
- Reviewing and updating this SOP in line with national guidance.

The Infection Prevention & Control Team and Microbiologist have responsibilities for:

- Providing expert advice where appropriate on the clinical management when not covered by this SOP.
- Informing OH&WB of positive results.
- Providing urgent test results will only be undertaken if the result will alter patient management.

5 Monitoring and assurance

Reporting of infections or potential infections as outlined in this SOP will be involve a review of DATIX Incident reports by the IPCT Infection Control Committee on a case by case basis.

There are currently no training requirements/elements related to this SOP. However it is important to emphasise that all HCWs must adhere to all relevant trust policies and procedures related to infection prevention and control.

6 Procedure to Follow

Where a HCW or their manager suspects they are affected by an infectious disease, this guidance can be accessed to provide information about the disease and how it can be managed.

Not all HCWs will work with, or in close proximity to patients, service users or clients so if there is any doubt about individual situations please contact OH&WB for advice.

Infected or potentially infected HCWs should in the first instance seek advice from their GP and then OH&WB if required as follows:

plh-tr.occhealthadvice@nhs.net, or via 01752 437222 choosing Option 1 or through StaffNet.

Specimen collection

Specimens required for diagnosis of a condition should be discussed with IPCT who will advise on the submission of the specimen. All results should however be directed to OH&WB.

Refraining from Work

HCWs with mild acute viral infections should avoid working with immunosuppressed patients and should refrain from work or be re-deployed in low risk areas if their clinical condition permits. Decisions with regard to refraining from work or redeployment will be made by OH&WB following liaison with the IPCT on an individual basis.

Vaccination against Disease

All HCWs are offered vaccination for Hepatitis B, Measles, Mumps, Rubella, Varicella and TB and Seasonal Influenza by OH&WB to help maintain protection to colleagues, family members, service users, clients and patients.

7 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Infection Prevention and Control Committee and ratified by the Director of Infection Prevention and Control.

Non-significant amendments to this document may be made, under delegated authority from the Director of Infection Prevention and Control, by the nominated author. These must be ratified by the Director of Infection Prevention and Control and should be reported, retrospectively, to the Infection Prevention and Control Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

8 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all HCWs will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Infection Prevention & Control and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Reference Material

NHSLA Criterion 5; 1.3.5

CQC Essential Standards of Quality & Safety

The Hygiene Code

Table of conditions/infectious diseases (and what to do in an event that a HCW is suspected or diagnosed with an infectious condition)

Appendix 1

Gastro-intestinal	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions
Diarrhoea (whilst at work)	Variable	Variable	HCWs should not return to work until 48 hours free of symptoms.	HCWs with symptoms of gastroenteritis should inform their line manager immediately and then leave work. They should be issued with a specimen pot and yellow request form in order that they can submit a stool specimen. The form should clearly indicate where they work. The form and sample may be submitted to Microbiology either directly or via their GP. The HCW, a family member or their line manager must inform OH&WB in order for the result to be obtained (OH&WB will not be alerted by any other means).
Diarrhoea (whilst at home)	Variable	Variable	HCWs should not return to work until 48 hours free of symptoms.	HCWs with symptoms of gastroenteritis should inform their line manager immediately and refrain from work. A stool specimen is advised but difficulties will arise if a specimen pot isn't available. The GP surgery may be willing to provide one and a request form. If so, the form should clearly indicate their place of work. The form and sample can be submitted to Microbiology either directly or via the GP. The HCW, a family member or their line manager must inform OH&WB in order for the result to be obtained (OH&WB will not be alerted by any other means).

Gastro-intestinal	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions
Campylobacter C. jejuni and C. coli	3-5 days	Whilst organism is in the stools (< 7 weeks) but mainly whilst diarrhoea present	Exclude until clinically well with no diarrhoea for 48 hours.	
Clostridium Difficile	Within a few days of starting antibiotics	Transmission to medical/nursing HCWs has been reported but is unusual and the disease is usually mild and short-lived	Exclude until clinically well with no diarrhoea for 48 hours.	
Cryptosporidium	1-12 days	Whilst cysts are present in stools (several weeks) but mainly whilst diarrhoea is present	Exclude until clinically well with no diarrhoea for 48 hours.	
E. Coli 0157	1-9 days	Whilst organism is present in the stool	Exclude from duty until asymptomatic & 2 consecutive negative stool samples (taken 24 hours apart).	
Giardia	5-25 days	Whilst cysts are in the stools but mainly whilst diarrhoea is present	Exclude until clinically well with no diarrhoea for 48 hours.	
Hepatitis A	2 –6 weeks	From 7-14 days before to 7 days after onset of jaundice	Exclude from duty for 7 days from onset of jaundice, then until clinically well.	
Norovirus	24-72 hours	During the acute stage of the disease and up to 48 hours after symptoms cease	Exclude until clinically well with no diarrhoea for 48 hours.	
Poliomyelitis	3-21 days	Whilst virus is present in stools	Exclude from duty until 2 consecutive negative stool specimens ≥ 24 hours apart and clinically well.	
Poliomyelitis post oral vaccination	up to 60 days	Whilst virus is present in stools	No restriction providing individual adheres to scrupulous personal and hand hygiene	
Salmonella	6 -72 hours	Whilst organism is present in the stool	Exclude until clinically well with no diarrhoea for 48 hours.	
Shigella	12-96 hours	During the acute stage of the illness and until the organism is no longer present in the stool	Exclude from duty until 2 consecutive negative stool specimens ≥ 24 hours apart.	
Typhoid / Paratyphoid	1-3 weeks 1-10 days	Whilst organism is present in the stool or urine	Exclude from duty until advised by OH&WB & ICPT.	

Common & 'Childhood' Diseases	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions
Chickenpox (Varicella Zoster)	from 10 to 21 days	The most infectious period is from 1 to 2 days before the rash appears but infectivity continues until all the lesions have crusted over (commonly about 5 to 6 days after onset of illness).	Exclude from duty until all lesions dry and crusted	All susceptible, pregnant and immunocompromised HCWs - check immune status – may require Immunoglobulin.
Hand, foot and mouth disease	3-5 days	From 2-3 days before and up to several weeks after onset of symptoms	Exclude until clinically well and lesions are dry. Presence of rash does not indicate infectivity.	
Herpes Zoster (Shingles)	n/a	Whilst blisters containing chicken pox (varicella) virus are oozing	**Localised** - Restrict from patient contact in maternity, paediatrics and with those who are immunocompromised until all lesions are dry and crusted. In all other work areas, individuals can have patient contact if dressing placed over lesions. **Generalised (disseminated)** – Exclude from duty until all lesions dry and crusted	Post-exposure in individuals susceptible to varicella – no restrictions unless individual develops rash. Early use of acyclovir may reduce infectivity.
Infectious mononucleosis (Glandular Fever)	4-6 weeks	Unclear but probably the first 6 weeks of infection.	Exclude from duty if febrile/unwell	
Measles	7 -18 days	4 before rash onset to 4days after rash appearance	All susceptible HCWs and immunocompromised patients.	Consider immunoglobulin prophylaxis for high risk HCWs (all live vaccine contraindicated for immunocompromised). Immunise susceptible HCWs.
Mumps	12-21 days	Cases are infectious for up to a week before parotid swelling until 9 days after	Exclude from duty if febrile/unwell	All susceptible HCWs and immunocompromised patients. Consider immunoglobulin prophylaxis for high risk HCWs (all live vaccine contraindicated for immunocompromised). Immunise susceptible contacts.

Common & 'Childhood' Diseases	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions
Parvovirus (Fifth Disease/Slapped cheek) (serologically confirmed)	4-20 days (usually between 12-18 days)	Main infection source Respiratory secretions and faeces. 7 days before the rash develops (until onset of rash)	Exclude from duty if febrile/unwell	Virus can remain in faeces for several weeks. Exposed pregnant HCWs <20/40. HCWs with haemoglobinopathies or those who are immunocompromised.
Pertussis (Whooping Cough)	7-10 days	From 7 days after exposure to 21 days after onset of severe coughing fits	Exclude from duty if febrile/unwell	Pregnant women (>32 weeks gestation) who have not received a booster dose of pertussis vaccine more than 1 week and less than 5 years ago. HCW's contacts who have not received a booster dose of pertussis containing vaccine more than 1 week and less than 5 years ago
Rubella (German Measles)	14-21 days	From 7 days before to 5 days after onset of rash	Exclude from duty until 5 days after appearance of rash.	Post–exposure in susceptible individuals: Exclude from duty from 7th day after 1st exposure until 21st day after last exposure. Susceptible females in 1st trimester of pregnancy should not be exposed to Rubella.
Ear, Throat, Eye, Skin and Respiratory Conditions / Disease	**Incubation period**	**Infectious Period**	**Minimum period of exclusion/restriction from work**	**Special Instructions / Information**
Conjunctivitis (bacterial)	2-3 days	During active infection	Restrict from patient contact if there is any discharge until it ceases.	Seek appropriate treatment from a GP.
Conjunctivitis (viral)	5-12 days	For 14 days after onset	Restrict from patient contact if there is any discharge until it ceases.	Seek appropriate treatment from a GP.
Cytomegalovirus (CMV)	9 – 60 days	1-2 weeks	Exclude from duty if febrile/unwell. Exclude from duty with pregnant women or immunocompromised patients if any evidence of active infection	Most CMV infections are mild, don't cause symptoms and don't need to be treated. If HCWs have symptoms, painkillers can be used to help reduce any pain or fever. Active CMV in HCWs with a weakened immune system is usually treated with antiviral medicines, which slow the spread of the virus. Some cases may need to be treated in hospital.

Ear, Throat, Eye, Skin and Respiratory Conditions / Disease	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions / Information
Diphtheria	2-5 days	Whilst organism is present in the throat	Exclude from duty until clinically well and 2 consecutive negative throat swabs (taken greater than 24 hours apart)	Offer combined Diphtheria/Tetanus/Polio vaccine to HCW & lab HCWs if necessary)
Ear Infections	Variable – may be chronic	Variable depending on cause	May need to be restricted from clinical duties if exudating or combined with skin issues.	Seek appropriate treatment from a GP.
Group A Streptococcal Infection (Erysipelas)	1 -3 days	As long as lesions are wet and pus is present	Until lesions are crusted or healed	Cellulitis is often due to group 'A' streptococcal infection. HCWs with cellulitic lesions should not work in high risk areas and should contact OH&WB for advice.
Group A Streptococcal Infection (Impetigo)	4-10 days	As long as lesions are wet and pus is present	Until clinical recovery or 48 hours after commencement of appropriate antibiotic treatment. Possible restriction from contact with vulnerable patients until acute symptoms have passed.	A skin infection that can cause sores, blisters and crusts to develop on the skin.
Group A Streptococcal Infection (Middle ear infection)	4-10 days	In untreated cases 10 – 21 days. In treated cases, 48 hours after commencement antibiotics	Until clinically well, or 48 hours after commencing antibiotic treatment	Often causes earache, a high temperature and some temporary hearing loss
Group A Streptococcal Infection (Scarlet Fever)	1-7 days	2-5 days after infection	Until clinical recovery or 48 hours after commencement of appropriate antibiotic treatment. Possible restriction from contact with vulnerable patients until acute symptoms have passed.	An infection that causes a widespread, fine pink-red rash that feels like sandpaper to touch
Head and body lice	Eggs hatch in 1 week	As long as there are live lice or eggs	Exclude from work until treated and free from adult and immature lice.	Seek appropriate treatment from a GP or Pharmacist. Others affected in household should be treated at the same time

Ear, Throat, Eye, Skin and Respiratory Conditions / Disease	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions / Information
Herpes Simplex – Oro-facial (Cold Sore)	n/a	When lesions are visible and exudating.	HCWs should be excluded from direct care for patients in the groups noted until lesions have healed. May need exclusion from other clinical areas if severe. May work in other areas with an occlusive dressing.	• Women during delivery • Neonates requiring special care or intensive care • Immunosuppressed patients (e.g. oncology, patients requiring intensive care, post-organ transplant, HIV/AIDS) • Patients with dermatologic conditions (e.g. dermatitis) • Burns patients • Patients having ophthalmic procedures. Seek appropriate treatment from a GP. Early use of acyclovir may reduce infectivity.
Herpes Simplex (Genital Herpes)	n/a	When lesions are exudating	For primary or severe infections HCWs should be excluded from direct care for patients in the groups noted until lesions have healed.	• Women during delivery • Neonates requiring special care or intensive care • Immunosuppressed patients (e.g. oncology, patients requiring intensive care, post-organ transplant, HIV/AIDS) • Patients with dermatologic conditions (e.g. dermatitis) • Burns patients • Patients having ophthalmic procedures. May need exclusion from other clinical areas if severe. May work in other areas with an occlusive dressing. Seek appropriate treatment from a GP.
Herpes Simplex Type 2 (Herpetic Whitlow /	n/a	When lesions are visible and exudating	Exclude from all direct patient contact until the lesions are fully	Seek appropriate treatment from a GP.

Paronychia)			crusted.	Early use of acyclovir may reduce infectivity.

Ear, Throat, Eye, Skin and Respiratory Conditions / Disease	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions / Information
Ringworm	2-6 days	As long as rash/infection is present	Dependant on site of lesions. If coverable, no restrictions.	Seek appropriate treatment from a GP or Pharmacist.
Scabies (Community Acquired)	A few days to 6 weeks	Until mites and eggs are destroyed by treatment	Restrict from patient skin to skin contact until individual and contacts have been treated	All skin to skin contacts will need to seek appropriate treatment from a GP. Itching may continue for several weeks after treatment.
Scabies (Occupationally Acquired)	A few days to 6 weeks	Until mites and eggs are destroyed by treatment	Restrict from patient skin to skin contact until individual and contacts have been treated	All skin to skin contacts will need to seek appropriate treatment from a GP. Itching may continue for several weeks after treatment. The cost of treatment for HCWs and their family contacts will be met from Directorate budgets.
Skin and nail fold infections	Variable	Depending on specific organism	Restrict from patient contact. If severe, may need exclusion from work until lesions have healed. Exclude food handlers with septic lesions on exposed skin until successfully treated	Seek appropriate treatment from a GP or Pharmacist.
Staphylococcus Aureus - (Infected)	n/a	As long as infection persists	Must be asymptomatic and should not return to work until OH&WB and the IPCT have jointly decided.	Seek appropriate treatment from a GP.
Staphylococcus Aureus - MRSA colonisation identified by GP or pre-op screening 'Community Acquired'.	n/a	As long as colonisation persists without treatment	Affected HCWs will be managed on a case-by-case basis and will require decolonisation therapy and management **by their GP**. HCWs should usually not return to	Treatment will be prescribed by a GP and post treatment screening should be organised the GP. Contact OH&WB if problems arise.

			work until at least 48 hours of decolonisation therapy has been completed.	
Ear, Throat, Eye, Skin and Respiratory Conditions / Disease	**Incubation period**	**Infectious Period**	**Minimum period of exclusion/restriction from work**	**Special Instructions / Information**
Staphylococcus Aureus - MRSA colonisation identified by screening after an Outbreak (by IPCT)	n/a	As long as colonisation persists without treatment	Affected HCWs will be managed on a case-by-case basis and will initially be offered decolonisation therapy and managed by OH&WB with advice from the IPCT. HCWs should usually not return to work until at least 48 hours of decolonisation therapy has been completed. **Some cases depending on the role and microbiology may need 3 clear swabs before returning to full duties.**	HCWs with local skin infections, should not work in clinical areas unless the lesions are adequately covered. Even if not infected with MRSA, such skin conditions are at risk of subsequent MRSA infection and further transmission
Staphylococcus Aureus Panton-Valentine Leukocidin (PVL) positive	Variable	Variable	Should not work until the acute infection has resolved and 48 hours of a five day decolonization regimen has been completed.	
Throat Infection (Group A Streptococcal Infection) Pharyngitis / “strep throat" / tonsillitis.	1-4 days	In untreated cases 10 – 21 days. In treated cases, 48 hours after commencement antibiotics	Until clinical recovery or 48 hours after commencement of appropriate antibiotic treatment. Possible restriction from contact with vulnerable patients until acute symptoms have passed.	Group A Streptococcal bacteria are often found inside the throat causing a sore throat, swollen glands and discomfort when swallowing. They are a common cause of infection in adults and children and can be spread in droplets in the coughs or sneezes of someone with an infection, or through direct contact with an infected person or contaminated object.
Tuberculosis (Active, **Closed)** & Latent	4-6 weeks	Whilst organism is present in the sputum (organisms demonstrable on sputum smear)	Unlikely to need exclusion from duty but OH&WB will advise	Will need medical assessment OH&WB will arrange a Chest Clinic referral. Consideration of appropriate chemotherapy and duration will be given.
Tuberculosis (Active **Open)**	4-6 weeks	Whilst organism is present in the sputum (organisms demonstrable on sputum smear)	Exclude from duty until advised by OH&WB	Will need medical assessment OH&WB will arrange a Chest Clinic referral. Consideration of appropriate chemotherapy and duration will

				be given.

Influenza (Seasonal A&B)	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions / Information
Influenza (Seasonal A&B)	Variable	1 day before until 5 days after illness onset Individuals with other health risks list may remain infectious for a longer period. Influenza is spread in droplets of saliva or sneezed in to the air by an infected person. Influenza can also be spread via hard surfaces as the virus will survive up to 24 hours, other surfaces such as tissues, pyjamas and magazines for up to 2 hours.	HCWs at high-risk for complications from influenza should not provide direct care to patients known to have influenza. (e.g. Chronic respiratory disease (including asthma), chronic heart disease, chronic renal disease, chronic neurological disease, diabetes, immunosuppression or who are pregnant).	Signs and Symptoms: • Sudden onset of Fever • Aching Muscles • Limb And Joint Pain • Tiredness • Loss Of Appetite Antiviral agents May be appropriate for prophylaxis of contacts of infected patients in order to reduce infectiousness and the duration of illness (discuss with a Consultant Microbiologist). There may be clinical benefit in using antivirals for patients who have been symptomatic for longer than 48 hours. If in doubt, please discuss with a Consultant Microbiologist. For the treatment of adults, antivirals should be considered if all of the following are present: 1. Acute influenza-like illness. 2. Fever >38ºC. 3. Symptoms < 2 days. Risk assessment This should be performed in collaboration with the IPCT or Consultant Microbiologist when considering antiviral prophylaxis for non-immunised HCWs caring for cases of suspected influenza when appropriate PPE has not been worn. As a general rule, the following will be considered as a significant exposure: • contact within 1 m of the case. • contact within the same room or bay for more than 15 minutes

Blood Borne Viruses	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions
Hepatitis B	2 weeks-6 months	Variable	HCW not to undertake Exposure Prone Procedures until cleared to do so by OH&WB	
Hepatitis C	2 weeks – 6 months	Variable	HCW not to undertake Exposure Prone Procedures until cleared to do so by OH&WB	
HIV/AIDS (or secondary opportunistic Infection)	Variable	Variable	HCW not to undertake Exposure Prone Procedures	

Misc.	Incubation period	Infectious Period	Minimum period of exclusion/restriction from work	Special Instructions
Ebola	6-9 days, but may be up to 21 days.	Within 21 days of coming back from Guinea, Liberia or Sierra Leone (or other countries)	Variable – will be advised by OH&WB in conjunction with ICPT, PHE etc.	If HCWs feel unwell with symptoms such as fever, chills, muscle aches, headache, nausea, vomiting, diarrhoea, sore throat or rash, they should stay at home and immediately telephone 111 or 999 and explain that they have recently visited West Africa.
Meningitis (Bacterial)	3-7 days	Until 24 hours after starting effective antibiotic therapy to remove throat carriage	Exclude from work until 24 hours after start of effective therapy (but individual unlikely to be fit for work)	
Meningitis (Viral)	Variable	Variable depending on specific organism	Exclude from work for at least 7 days. Exclusion may be required for longer depending on specific organism	Mild cases of viral meningitis can be treated at home with conservative measures such as fluid, bed rest, and analgesics.