Occupational Health
Frequently Asked Questions Infections

Impetigo

Above – typical impetigo site and lesions.

Healthcare workers should not have contact with patients (HPA Feb 2010). Infectious until blisters have stopped crusting and at least 48 hours after starting treatment. Antibiotic therapy should be obtained from your GP and commenced as soon as possible. Strict hygiene measures – hand washing etc (universal precautions) to be maintained. This is a very infectious condition and easily spread by inefficient hygiene.
Conjunctivitis

Typical images of conjunctivitis in adults.

A highly infectious eye condition spread by hand contact. Advice/diagnosis should be taken from GP or pharmacist as soon as possible. Chloramphenicol antibiotic eye drops can be bought over the counter from a chemist. HCW should stay off work until 48 hours after commencement of antibiotic treatment and eyes are not discharging (if it is a bacterial infection) or until eyes are back to normal if viral. Your GP / pharmacist can diagnose and prescribe appropriate treatment as required.
Diarrhoea and/or Vomiting

All staff diarrhoea and/or vomiting of unknown or infectious origin must remain away from work until 48 hours after the last episode. Catering staff must be seen in Occupational Health prior to return. Stool samples if required should be sent via your GP surgery not through Occupational Health. Take GP advice as to whether this is necessary.

Chickenpox

Any worker should stay off work if confirmed to have chickenpox, until all lesions have dried. It is unlikely that a healthcare worker would contract
chickenpox as all staff are screened for immunity on recruitment. If a family member has chickenpox no special precautions are required of the employee.
The only way to get shingles is if you have had chickenpox at some time **yourself**! You do not ‘catch’ shingles from another person – whether they have chickenpox or shingles. Shingles is only infectious to people who have not had chickenpox or who are vulnerable through immunosuppression. If you have shingles or suspected shingles, you are therefore potentially infectious to these patients and will need to stay off work. Infection is spread through contact with the vesicles (blisters). If the affected area can be adequately covered by clothing eg if on the back/chest, and you do not feel ill, you will be able to work in most areas. However staff are reminded that shingles can vary from very mild with no pain or discomfort to extremely painful and debilitating. Staff may well need time off sick for their own health and well-being.
**Scabies**

Staff with scabies or suspected scabies should be seen as soon as possible by Occupational Health if at work, or by their GP if off-duty. Occupational Health can provide treatment and advice for the staff member but cannot provide treatment for other members of the household. This should be obtained from the GP and all household occupants treated at the same time. Treatment takes twelve hours to complete – preferably overnight.
Other common questions.

Appointments.

The Occupational Health Department operates an appointment service during its opening hours (normally 0800-1700 Monday to Friday). It is open throughout the lunch period. We try to keep early morning appointments for staff finishing the night shift, or staff who need to report needlestick injuries. During opening hours there is normally at least one nurse adviser present, who will be running a clinic. Therefore unless there is a needlestick injury or a serious emergency staff cannot expect to see a nurse without an appointment. Our Consultant OH physician and our Physiotherapy Adviser, all see staff with appointments. For Doctor and OH Physio Advisor appointments the OH Nurse will refer you if appropriate. Counselling can be booked direct through Employee Assistance Programme (EAP)

Feeling unwell at work.

Staff do not need to be seen in the department if they feel unwell. They need to discuss this with their manager and if they feel unable to work, report this to their manager. Occupational Health cannot offer treatment or diagnose – this is for your GP to manage.

Immunisations.

We can give all immunisations unless the client has a feverish illness or is unwell and off sick from work.

Pregnancy

Staff with queries regarding shift patterns, wanting reduced workload etc should first of all speak to their manager and a Pregnancy Risk Assessment should be performed in collaboration with them. If problems are identified which cannot be addressed and sorted by the manager and client the employee should arrange an appointment with OH. They referral from your line manager is required together with a copy of the risk assessment.
Skin rashes

Staff can self-refer if they feel their rash is work-related – they need an appointment. HCW with open cuts on their hands cannot do clinical work until healed. If you think you may be developing latex allergy/sensitivity and/or contact dermatitis – stop using latex (or what you think may be causing the problem) and make an appointment to see the Occupational Health Nurse. If your rash is generalised (not restricted to your hands, and scabies is not suspected) please see your GP as Occupational Health cannot diagnose or offer treatment for general medical conditions.
Returning to work after an accident at work

- Please make an appointment **prior to** returning to work.

Returning to work after sickness absence of more than three weeks.

- Please make an appointment **prior to** returning to work a written referral if required by your line manager.
- If you feel well and fully fit an assessment can be arranged via the telephone.

Any further questions please telephone
Normally 0800-1700 Monday to Friday or

Email:**occupational.health@rbch.nhs.uk**