



**Notice:**

**Plymouth Community Healthcare Community Interest Company adopted all Provider policies from NHS Plymouth when it became a new organisation on 1 October 2011.**

**Please note that policies will be reviewed to reflect the new organisation in line with the reader information sheet, or sooner where this is possible.**

# **Plymouth Teaching Primary Care Trust**

## **Control of Tuberculosis- Occupation Health Aspects**

**Version No 3:3**

### **Notice to staff using a paper copy of this guidance**

**The policies and procedures page of Healthnet holds the most recent and approved version of this guidance. Staff must ensure they are using the most recent guidance.**

**Authors/Editor            Dr Peter Jenks and Dr Alex Mayor**

**Access ID Number        232**

## Reader Information and Asset Registration

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### Document Version Control

<b>Version Number</b>	<b>Details</b> e.g. Updated or full review	<b>Date</b>	<b>Originator of Change</b>	<b>Description of Changes and reason for change</b>
V2.0		Feb. 2006	Dr P.Jenks	Nothing substantive.
V3.0	Update	Feb. 2008.	Dr P Jenks	Nothing substantive.
v3:1	Reviewed	Nov 2010	Inf Control Nurse Lead	Reviewed, no changes made.
V3:2	Reviewed	Dec 2011	PRG	Review date extended, no other changes.
V3:3	Reviewed	Jun 2012	PRG	Review date extended, no other changes.

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**The responsible Directors approve this document and any attached appendices.**

**Steve Waite, Director of Operations and Director of Infection Prevention and Control.**

**Signed: -.....**

**Date: -.....10 November 2008.....**

**Liz Cooney, Assistant Director of Governance.**

**Signed: -.....**

**Date: -...10<sup>th</sup> November 2008**

**.....**

## **Plymouth Teaching PCT- Addendum For Infection Control Policies**

### **Control Of Tuberculosis- Occupational Health Aspects v3:1**

#### **Introduction**

This addendum is provided to help match this infection control document to the environment in which Plymouth Teaching PCT delivers its services. This is intended to remove doubt or uncertainty for staff as to the most appropriate procedures to follow, thereby improving staff and patient safety.

The attention of all staff is drawn to Dept. of Health Guidance 281139: Essential Steps to Safe, Clean Care, published October 2007.

Changes fall into two categories:

1. Changes to the body of the document- these are usually where a specific procedure cannot be followed due to environmental/organisational/service delivery model constraints, and are identified by the relevant paragraph number.
2. Key contact phone numbers for Plymouth Teaching PCT staff where they differ from those in the main policy. These would include PCT-specific roles and duties with regard to infection control.

#### **Category 1 Changes.**

No changes to the body of the document.

#### **Category 2 Changes.**

Infection Control Team (ICT): 01752 792978 (Ext. 52978)  
Infection Control out of hours: Bleep holder via Derriford switchboard.  
Duty Consultant Microbiologist: 01752 792387 (ext 52387)  
Microbiologist out of hours: Call on-call via Derriford switchboard.  
Sterilisation and Disinfection Unit (SDU): 01752 792031 (Ext. 52031)

Senior Infection Control Liaison Practitioner: 07876 654642  
Continence Adviser: 01752 434759 (Ext. 34759)  
Occupational Health Team: 01752 272457 (ext. 2457)

Consultant in Communicable Disease Control (CCDC): 01803 861833  
Communicable Disease Surveillance Centre (CDSC): 0208 2004400  
Health Protection Unit: 01803 861833

Chief Executive: 01752 315343 (ext. 51343).  
Director of Provider Services: 01752 434764 (ext. 34764)

Communications Office: 01752 315359 (ext. 51359)  
Head of Hotel Services: 01752 272527 (ext. 2527)  
Hotel Services Coordinator: 01752 272528  
(Mon-Fri 07:00 to 20:00)  
Switchboard, Mount Gould Hospital: 01752 268011  
and 0845 1558155  
Local Care Centre: 01752 268011  
and 0845 1558085  
Switchboard, Plymouth Hospital: 0845 1558155  
Reception Glenbourne: 0845 155 8018 (ext. 53103)  
Reception Plympton Hospital: 01752 314500 (ext. 41500)  
and 0845 1558055

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**This policy has undergone an Equality Impact Assessment and, where possible, has taken into consideration the cultural/religious and gender needs of patients. However, Infection Control may override these needs.**

**If you have any concerns, please seek further advice from the Infection Prevention & Control Team.**

**Plymouth Hospitals NHS Infection Prevention & Control Team**

**(For use by staff working in the areas of Cornwall, Plymouth and Devon PCT covered by the PHNT Infection Control Services)**

**CONTROL OF TUBERCULOSIS  
OCCUPATIONAL HEALTH ASPECTS**

<b>Relevant to:</b>	<b>Whole Trust, all staff</b>	
<b>Distribution:</b>	<b>Full</b> <input type="checkbox"/>	
	<b>Specific</b> <input checked="" type="checkbox"/>	<b>Please see Distribution List</b>
<b>Issue Date:</b>	<b>February 2008</b>	
<b>Approved by:</b>	<b>Infection Control Committee</b>	<b>Trust Board</b>
<b>Date Approved:</b>	<b>January 2008</b>	
<b>Authors:</b>	<b>Dr Peter Jenks Director of Infection Prevention &amp; Control</b>	<b>Dr Alex Mayor Medical Director for Professional Practice</b>
<b>Authors' Signatures:</b>	_____	_____
<b>Responsibility for maintaining supporting procedures and guidelines:</b>	<b>Infection Control Committee Infection Control Team</b>	
<b>Next Review Date:</b>	<b>January 2010</b>	
<b>Description of changes from last issue:</b>	<b>Nothing substantive</b>	



## 1. Introduction

This policy sets out the occupational health aspect of the overall Control of Tuberculosis Policy. Detailed procedures under this policy are held in the occupational health department (OHD). The control of TB in PHNT requires close working between the Infection Control Team (ICT), the Chest Clinic (CC) and Occupational Health (OH)

## 2. Scope

This policy applies to all those working within PHNT, whatever their employment status. It applies to all permanent, temporary, honorary or locum/bank staff and those working on a voluntary basis.

Locum medical staff are excluded from some of the procedures noted in this policy; such procedures are the responsibility of their employing agency.

## 3. Pre employment health screening

All those selected to work on PHNT premises or under the direction of PHNT (as defined in **Scope** above) will be screened in accordance with the then current guidance; at the time of issue of this policy, the NICE guidelines are current. The manager of those giving satisfactory responses will be notified of fitness for employment.

## 4. Pre employment - protection

Those undertaking work in clinical areas or with human tissue will be seen in the OH dept. and offered protection in accordance with the then current guidance; at the time of issue of this policy, the NICE guidelines are current. Those with a BCG scar or documentary evidence of previous successful BCG will be assumed to have protection; those without a scar or documentary evidence will offered a Mantoux skin test. The subsequent action will be in accordance with the guidelines.

Those without a BCG scar or documentary evidence of previous BCG will be offered vaccination, subject to the results of the Mantoux skin test. There is no requirement for booster vaccination.

## 5. Refusal of BCG Vaccination

Those refusing BCG vaccination will:

- Be advised of the latest advice / guidelines
- Sign a declaration of refusal / have a contemporaneous note made of their refusal
- Be advised of the symptoms and signs of TB and instructed to report such symptoms and signs to OH in confidence

- May have their work restricted after individual assessment of the circumstances

## **6. Immunocompromised healthcare workers**

Immunocompromised healthcare workers are those who are:

- taking 40 mg prednisolone (or equivalent) daily for 1 week or more in last 3 months; or
- taking other immunosuppressive treatment; or
- HIV positive

and who have not had a BCG will be considered individually by a consultant occupational physician and may be excluded from contact with infectious patients or material. Those previously satisfactorily vaccinated with BCG will not normally be restricted.

Healthcare workers on inhaled steroids or low dose oral steroids are not considered to be immunocompromised and will not be restricted in employment.

## **7. Information and Training**

All new members of staff will be given an information leaflet on TB and BCG, in addition to any information specific to their job.

## **8. Non indigenous staff**

Staff who were born in, or who in the last 6 months have lived in, an area of high prevalence of TB (areas with a prevalence of > 40 cases per 100 000 population) will have enhanced screening for TB (with a routine tuberculin test on starting work) in accordance with the guidelines. The areas where the prevalence of TB exceeds 40 cases per 100 00 population may be found on the HPA web site. It should be noted that some areas of the UK have more than 40 cases per 100 000 population.

## **9. Staff exposed to TB**

In the event of TB being identified in a clinical area:

- ICT/CC will assess degree of exposure and risk of transmission
- ICT will produce a list of staff exposed to TB in the light of the assessment
- The OH staff will:
  - Document event in staff OH record
  - Send a symptom questionnaire and explanatory letter to those staff; those with suspicious symptoms will be seen in OH
  - Identify staff without documented evidence of protection and invite such staff to attend OH

- Staff who have been occupationally exposed and present to OH with symptoms suggestive of TB will be seen and a chest xray arranged; the results of the x ray should be available on the same day. Staff should not work until the chest xray indicates that infection is not seen

## **10. Staff with TB**

Staff diagnosed with TB will be seen by the occupational physician who will liaise with ICT, CC and other clinicians as required.

## Policy for Control of Tuberculosis, Occupational Health Aspects - Issue 3

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### Annex A

#### Consultation List

Infection Control Team  
Consultant Medical Microbiologists  
Infection Control Committee  
Clinical Governance Steering Group

**In addition, the following have been consulted about policies written since 1 January 2003:**

All Consultants  
All Senior Nurses  
All Ward Managers

**Policy for Control of Tuberculosis  
Occupational Health Aspects – Issue 3**

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**Annex B**

**Distribution List**

**Part 1**

**All PHNT Wards/Departments  
(via Public Folders)**

**Part 2**

(Distributed by Infection Control)

**Ward/Department**

**No of Copies**

**Plymouth Teaching PCT**

**Mount Gould Hospital**

Performance Manager Public Information	1
Administration Block	1
Assertive Outreach Service, Riverview	1
Home Treatment Team	1
Clinical Governance	1
Occupational Health	1

**Scott Hospital**

Adult Mental Health	1
Child Development Centre	1
Dental Suite	1
Learning Disabilities	1

**Glenbourne Unit**

Locality Manager	1
Harford Ward	1

**Seventrees**

Manager, Seventrees Clinic	1
Alcohol Service	1
Children's Speech & Language	1
Podiatry	1

<b>Cumberland Centre</b>	
Community Drug Service, Damerall House	1
Community Nursing Teams c/o Linda O'Neill	12
Cumberland Centre	1
Family Planning & Sexual Advisory Unit	8
The Willows	1
DART Service	1
<b>Plympton Hospital</b>	
MHSOP	1
<b>Miscellaneous</b>	
Infection Control Liaison Practitioners	1
Bevan Britton	1
Clinical Safety Trainer, PHNT	1
HPA Cornwall & Isles of Scilly PCT	1
Dame Hannah Rogers	1
Dark Lake View	1
Day Therapy Unit, Ham Clinic	1
Devon PCT (S&W Devon)	8
Disablement Services Centre	1
District Nurse Treatment Centre, St Budeaux	1
Ernesettle Green Surgery	1
Dawn Havron – Research Nurse	1
Freedom House	1
Helen Newson, Cornwall PCT	1
Hyperbaric Medical Centre (DDRC)	1
Ivybridge/Yealm Locality	6
Tavistock Locality Manager	1
Liskeard Community Hospital	1
Launceston General Hospital	1
Library, University of Plymouth	1
NHS Treatment Centre	4
Peninsula Radiology Academy	1
Plymouth Age Concern	1
Plymouth PtPCT Occupational Health	1
Regional Microbiologist	1
School Nursing Department	12
Syrena House	1
The Gables, Plympton	1
Waterleat	1
Woodland School, Whitleigh	1