

The Control of Common Infections in the Workplace



Recommended period to stay away from work		Comments			
Athlete's foot	None	Athlete's foot is not a serious condition unless it becomes infected. Treatment is recommended and is available from the GP or the pharmacist. Athlete's foot rarely requires any time off from work unless the individual has to wear specific PPE			
Chicken Pox	To remain absent from work for 5 days from the onset of the rash	Please seek further advice from occupational health with regards to female staff of childbearing age	PHC Advice sheet available PPI008		
Cold Sores (Herpes simplex)	None	This infection is only spread by close personal contact and therefore there are no particular workplace issues. Creams are available from the pharmacist which do assist in controlling the cold sores.			
Conjunctivitis	None - employees should be fit to work	Conjunctivitis is contagious, however normal personal hygiene, hand washing, etc., will avoid any contamination.			
Contagiosum (Molluscum Contagiosum)	None	This is a viral infection, the lesions are not infectious they look like small warts and can be confused as such			
Diarrhoea and/or vomiting	A return to work can be considered as soon as the vomiting settles or the diarrhoea is not explosive and good personal hygiene can be confirmed	Managers with food handlers should seek further occupational advice	Good personal hygiene is defined below*		
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Flu	Advise the employee to take their temperature 3 times a day, return to work can be considered when the temperature is normal in the evenings	The temperature usually settles in 2-3 days. If the temperature persists, further advice should be sought from the employee's GP. Remedies to reduce temperature can include Paracetamol and Ibuprofen.			
German measles (Rubella)	The employee should remain absent from work for 5 days from the onset of the rash.	Please consult the occupational health department for further advice with regards to females of childbearing age			
Glandular Fever	There are no workplace restrictions	Many adults develop glandular fever without being aware of it. The symptoms may require treatment in terms of lethargy or sore throat.			
Hand, foot and mouth	None	This is a highly infectious viral infection in children. It is rarely an issue within the workplace with adults. It is only passed on by close personal contact.			
Headlice	This does not require time off work	Treatment is only recommended in cases where live lice have definitely been seen. Close family members should be checked and treated if live lice are found. Regular detection (combing) should be carried out.			
Hepatitis A	Consult occupational health	Good personal and environmental hygiene will minimise any possible spread. Food handlers must be treated appropriately and occupational health contacted and immunisation is available	PHC Advice Sheet available PPI065 Good personal hygiene is defined below*		
Hepatitis B & Hepatitis C	These infections can produce jaundice and advice should be sought from occupational health	Hepatitis B and Hepatitis C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread and immunisation is available for Hepatitis B only. Further information should be sought from occupational health.	PHC Advice Sheet available PPI066 Good personal hygiene is defined below*		

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HIV/ Aids	Please contact occupational health	HIV is not infectious through casual contact. There have been no recorded cases of spread within a workplace environment. Good hygiene will minimise any possible danger of spread of HIV. The cleaning up of body fluids and spills should always be undertaken with the appropriate PPE	Good personal hygiene is defined below*		
Impetigo	Employers should remain absent from work until the lesions have crusted over or healed.	Antibiotic treatment by mouth is usually recommended to reduce infection and speed up healing. Antibiotics are only available from the GP.			
Measles	Individuals are considered infectious for 5 days from the onset of the rash	This is usually not a problem in the workplace with adults			
Meningitis due to other bacteria	Contact occupational health	Hib meningitis and pneumococcal meningitis are preventable by vaccine. If an employee develops meningitis and any co-workers are considered to be at risk, they will be contacted by the statutory authority, the Health Protection Agency.			
Meningococcal meningitis/septicaemia	Contact occupational health	Meningitis C is preventable by vaccine. If an employee develops meningococcal meningitis and any co-workers are considered to be at risk, they will be contacted by the statutory authority, the Health Protection Agency.	PHC Advice Sheet available PPI069		
MRSA	No occupational issues	Good hygiene, in particular hand washing and environmental cleaning are important to minimise any danger of spread. Normally in the workplace a wound is covered by a dressing or clothing and therefore there is no risk to other employees.	PHC Advice Sheet available PPI017a		
Mumps	The employee should stay off work for 5 days from the onset of the swollen glands	There is no specific treatment for mumps. This is a viral infection. The GP may be able to advise on the treatment of symptoms.			

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Ringworm	This is not particularly infectious and should not require any absence from work	Treatment is important and is available from a pharmacist or from the GP			
Scabies	Employees can return to work as soon as treatment has been commenced	Treatments are available from the pharmacist and are to be taken one week apart. Close contacts and family members should also be treated	PHC Advice sheet available		
Scarlet Fever/Scarlatina	Employees should be absent from work for 5 days after commencing antibiotics	These conditions are associated often with tonsillitis. Antibiotic treatment is recommended, available from the GP			
Shigella	A return to work can be considered as soon as the vomiting settles or the diarrhoea is not explosive and good personal hygiene can be confirmed	Managers with food handlers should seek further occupational advice	Good personal hygiene is defined below*		
Shingles	Employees should only remain absent from work if the rash is exposed, ie on the face and the rash is weeping and cannot be covered	Individuals with a weeping rash can be infectious and cause chicken pox in those who are not immune. Female workers of childbearing age may be at risk, however most individuals develop shingles on the trunk or the limbs which is covered with clothing.	PHC Advice sheet available PPI008		
Threadworm	There is no requirement to stay off work	Treatment is recommended for all family contacts			
Tuberculosis	Attempt to confirm what type of tuberculosis and where the infection has been diagnosed. Always consult the occupational health department	This infection is not particularly infectious. It required prolonged close contact for spread	PHC Advice sheet available PPI035		
Typhoid (and paratyphoid) also known as Enteric Fever	A return to work can be considered as soon as the vomiting settles or the diarrhoea is not explosive and good personal hygiene can be confirmed	Managers with food handlers should seek further occupational advice	Good personal hygiene is defined below*		
Viral meningitis	Contact occupational health	This is a milder illness, this does not normally require any further treatment			

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Warts and Verrucae	There is no reason why employees should remain off work with these conditions	These conditions can be treated by podiatrists, choropodists and skin clinics			
Whooping Cough (Pertussis)	A return to work can be considered 5 days after commencing the appropriate antibiotic treatment or 21 days from the onset of symptoms if no antibiotic treatment is considered appropriate	This is very unusual in adults			
	*Good personal hygiene				
	This should include conscientious handwashing	Managing any sharp instruments			
	Consientious drying	Managing clinical waste			
	The avoidance of coughing and sneezing	Using the appropriate laundry facilities			
	Cleaning of the workplace enviroment	Using the appropriate PPE			
	Cleaning of blood and body fluid spillages				
<i>These recommendations are published by the UK's Health Protection Agency (HPA)</i>					