Guidance Objective

To ensure that patients with chickenpox (Varicella Zoster Virus) are cared for appropriately and actions are taken to minimise the risk of cross-infection.

This guidance applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS GUIDANCE

- **Changes to PPE to align to NIPCM with regard to FFP3 masks. Paragraph added re assessment of risk when considering need for a fluid resistant surgical mask (FRSM) when providing direct care.**

Important Note: The version of this policy found on the Infection Prevention & Control (eIPC Manual) on the intranet page is the only version that is controlled. Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments, or linkages to other documents.

Document Control Summary

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CONTENTS

Chickenpox Aide Memoire 3

1. Responsibilities 4
2. General Information on Chickenpox 5
3. Transmission Based Precautions for Patients with Chickenpox in High-Risk Areas..... 6
4. Evidence Base 9

Chickenpox Aide Memoire

Consult guidance and Isolate in a single room with:

- ✓ ensuite / own commode
- ✓ door closed
- ✓ IPC yellow sign on door
- ✓ dedicated equipment
- ✓ Ideally room should have negative pressure ventilation
- ✓ **Care Checklist** completed daily

Patient Assessed Daily

Patient has had no new lesions and all existing ones are dry and crusted?

NO

YES

- ✓ Stop isolation
- ✓ undertake terminal clean of room

Chickenpox Guidance - Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol hand rub

PPE: Disposable gloves, yellow apron and FFP3 for all direct care and while in the patients room.

Patient Environment: Twice daily chlorine clean

Patient Equipment: Chlorine clean after use and at least on a twice daily basis

Laundry: Treat as infected

Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: (10 – 21 days) approx 14 days

Period of Communicability: 1 – 2 days before rash, until all blisters/lesions have crusted and no new ones have appeared.

Transmission route: direct contact, droplet, airborne

1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this guidance.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this guidance cannot be followed.

Managers must:

- Ensure that staff are aware of the contents of this guidance.
- Support HCWs and IPCTs in following this guidance.

Infection Prevention and Control Teams (IPCTs) must:

- Keep this guidance up-to-date.
- Provide education opportunities on this guidance.
- Support HCW to undertake a risk assessment if this guidance cannot be followed.

Occupational Health Service (OHS) must:

- Advise HCW regarding immune status and provision of Chickenpox vaccine
- Advise HCW regarding possible infection exposure and return to work issues as necessary

2. General Information on Chickenpox

Communicable Disease / Alert Organism	Chickenpox - Varicella Zoster Virus (VZV).
Clinical Condition	A generalised viral disease with acute onset of slight fever, and an itchy rash. Blister-like lesions (vesicles) on the body, but more commonly concentrated on the face, scalp and trunk, form a granular scab 3-4 days after they appear. Non-immune adolescents and adults are most at risk from severe disease. Complications can include secondary bacterial infection in previously healthy individuals. Non-immune pregnant women with VZV may develop life-threatening pneumonitis. It is life-threatening in immunocompromised persons due to dissemination. Babies born to mothers with chickenpox within 4-7 days either side of birth are at enhanced risk of serious disease.
Mode of Spread	Direct contact, droplet or airborne.
Incubation period	It takes approximately 2 weeks (10-21 days) after exposure to a person with chicken pox for a person to develop chicken pox. This may be shortened in the immunocompromised. It may be prolonged up to 28 days in those on regular IVIG or given VZIG.
Notifiable disease	Notifiable by diagnostic laboratory.
Period of Communicability	A person with chickenpox can spread the disease from 1 to 2 days before they get the rash until all their chickenpox blisters have formed scabs (usually 5-7 days).
Persons most at risk	This virus can cause serious disease in the foetus in the first 20 weeks of pregnancy. Neonates whose mothers are not immune to VZV or who develop varicella around the time of delivery, patients with leukaemia, cancer patients, transplant patients, immunosuppressed patients, patients on steroids and non-immune pregnant women may suffer severe, prolonged or fatal chickenpox.
Evidence of Immunity	A history of chickenpox is considered adequate evidence of immunity. Approximately 95% of adults are immune and infection usually results in life-long immunity.
High-Risk environment	Oncology/ Haematology, NICU, ICU, Transplant and Maternity Units.

***NB - A vaccine is now available for non-immune HCWs.**

3. Transmission Based Precautions for Patients with Chickenpox.

Accommodation (Patient Placement)	Patients who require admission should be admitted into a single side room with en suite, preferably negative pressure. Immunocompromised patients should not be nursed in the same area.
Clinical / Healthcare Waste	All non-sharps waste should be designated as Healthcare/Clinical Waste (HCW) and placed in an orange clinical waste bag within the room. Please refer to the NHSGCC Waste Management Policy.
Contacts: Staff/ Patients/ Visitors	**Action to be taken following exposure:** Identify staff and patients who are deemed 'significant exposure'. The following should be used as a guide to the type of exposure, other than maternal/ neonatal and continuous home contact. 'Significant exposure' is defined as 'exposure to someone who has no history of varicella or serological evidence of immunity'. a) Contact in the same room (e.g. in a house, a classroom or a 2-4 bed hospital bay) for a significant period of time (15 minutes or more). b) Face-to-face contact, e.g. while having a conversation for more than 5 minutes. c) In the same 2-4 bed bay or adjacent beds in a large ward. d) Face-to-face indoor play. Patients should be isolated in a single room from 10 days of first exposure or discharged home. Isolation should continue until day 21 after last exposure. Consult an ID Physician, Virologist or Microbiologist for advice regarding the administration of post-exposure prophylaxis for pregnant women. Please also refer to the ***Varicella Chapter in Immunisation Against Infectious Disease 'Green Book'*** and the ***Immunoglobulin Handbook.***
Domestic Advice	Domestic staff must follow the NHSGGC SOP for Twice Daily Clean of Isolation Rooms Cleans should be undertaken at least four hours apart.

Equipment	Where practical, allocate individual equipment, e.g. own washbowl, commode, moving sling or slip sheet. Equipment must be decontaminated as per See NHSGGC SOP for Cleaning of Near Patient Healthcare Equipment
Hand Hygiene	Hand hygiene is the single most important measure to prevent cross-infection with Chickenpox. Hands must be decontaminated before and after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients should be encouraged to carry out thorough hand hygiene. Please refer to NHSGGC Hand Hygiene Guidance
Last Offices	See National guidance for Last Offices.
Linen	Treat used linen as soiled/ infected, i.e. place in a water soluble bag then a clear plastic bag tied and then into a laundry bag. (Brown bag used in Mental Health areas) Please refer to National Guidance on the safe management of linen.
Moving between wards, hospitals and departments (including theatres)	Patient movement should be kept to a minimum unless clinically essential. If necessary ensure that prior to transfer, HCWs from the ward where the patient is located must inform the receiving ward, theatre or department of the patient's infectious condition to allow them to ensure appropriate PPE is worn. When patients need to attend other departments the receiving area should put in place arrangements to minimise contact with other patients and arrange for additional domestic cleaning if required.
Notice for Door	Yes.
Precautions required until	There are no fresh crops and all lesions are dry and crusted.
Personal Protective Equipment (PPE)	Disposable gloves, a yellow apron and an FFP3 mask should be worn for all direct patient care and contact with patient's immediate environment. (Contact in this context would mean, direct contact with the patient, their equipment or the environment in which they are nursed). The FFP3 mask must not be removed until the HCW has

	left the room, discarded into the nearest clinical waste bin and hand hygiene undertaken.
Staff	Staff who do not know /do not have immunity to chickenpox should not care for patients with chickenpox. Pregnant staff who have been exposed to Chickenpox should contact their midwife for advice.
Specimens Required	On advice of clinicians. Send swabs of lesions in viral transport medium – not charcoal, to virology. A blood sample is required when screening for immunity.
Terminal Cleaning of Room	Follow NHSGGC Terminal Clean of Ward/Isolation Room SOP
Visitors	Visitors should not be allowed to visit a patient with chicken pox during the infectious period. Key visitors/carers should be assessed for immunity exposure prior to visiting.

4. Evidence Base

Immunisation against infectious disease 'Green Book' Department of Health.
https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

NSS (2021) National Infection Prevention and Control Manual
National Infection Prevention and Control Manual: Home