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Guidance Objective

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of cross-infection and the importance of diagnosing patient's clinical conditions promptly.


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

Document Control Summary


Approved by and date	Board Infection Control Committee 15 th December 2022
Date of Publication	27 th January 2023
Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	National Infection Prevention and Control Manual NHSGGC Hand Hygiene Guidance NHSGGC Chickenpox Guidance NHSGGC SOP Terminal Clean of Ward/Isolation Room NHSGGC SOP Twice Daily Clean of Isolation Rooms
Distribution/Availability	NHSGGC Infection Prevention and Control Web Page www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control
Lead Manager	Director Infection Prevention and Control
Responsible Director	Executive Director of Nursing

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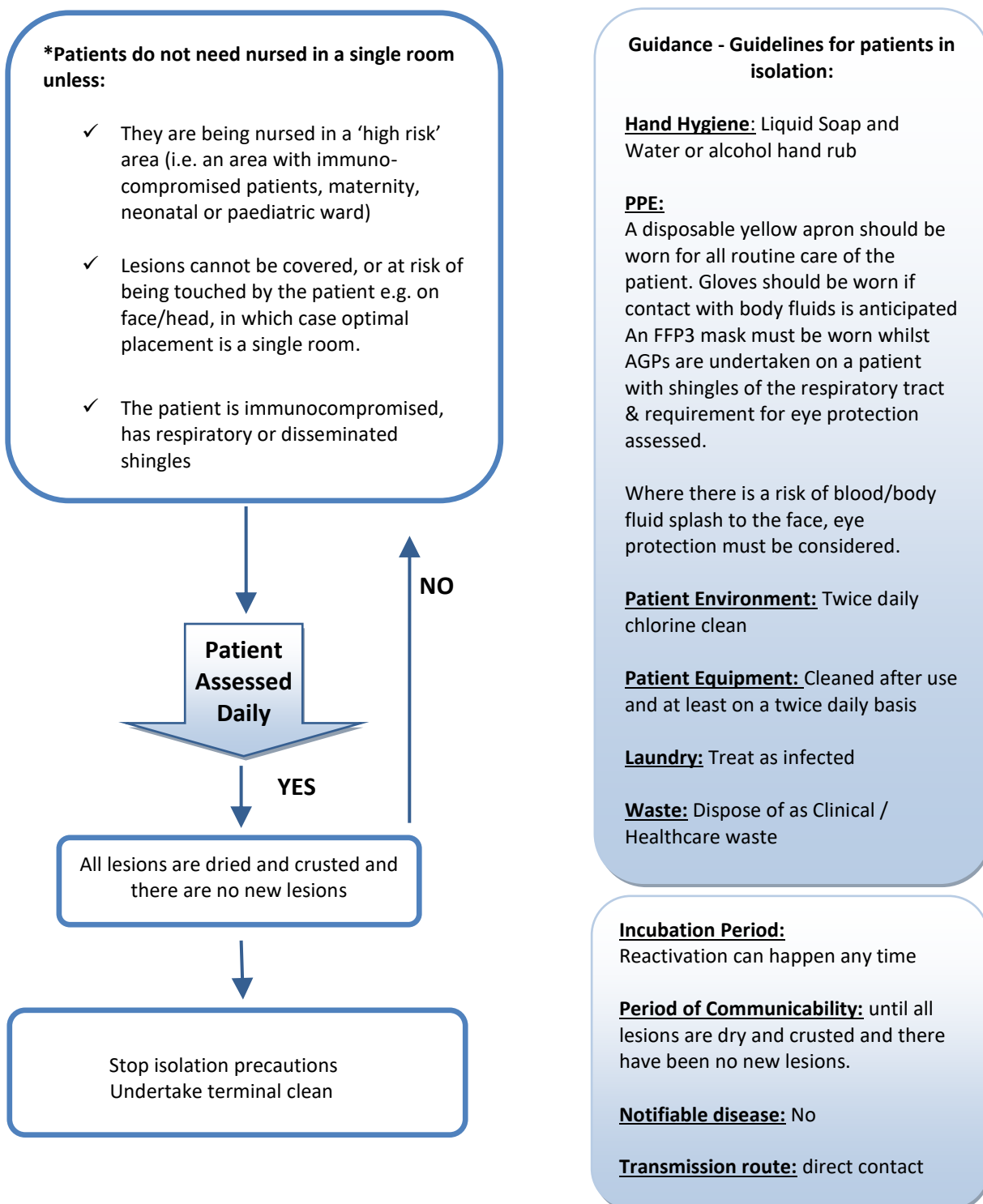
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Shingles Aide Memoire (For patients who require to be isolated*)



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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.

Senior Charge Nurses (SCNs) / Managers must:


- Ensure that staff are aware of the content 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.
- Advise and support HCWs to undertake risk assessment where this guidance cannot be followed.


Occupational Health Service (OHS) must:

- OHS must request and store information on staff immunity through the pre-employment health screen.
- Support staff screening during an investigation / outbreak.

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2. General Information on Shingles

Communicable Disease / Alert Organism /	Shingles - Herpes Zoster
Clinical Condition	Shingles is a local manifestation of reactivation of latent (chickenpox) varicella zoster infection in the dorsal root ganglia. The rash is vesicular with an erythematous base and restricted to the skin areas supplied by sensory nerves. Severe pain and paraesthesiae (spontaneously occurring abnormal tingling sensation) are usually present. The symptoms are more severe and prolonged in the immunocompromised patient.
Mode of Spread	Contact: transfer of fluid from the vesicles to the mucous membrane of a susceptible individual usually via hands.
Notifiable Disease	No.
Period of Communicability	Until all the lesions are crusted.
Persons most at risk of acquiring chickenpox from shingles	<p>Any person not immune to chickenpox (varicella). A history of chickenpox is considered adequate evidence of immunity. Non-immune and immunocompromised patients are at risk of more severe disease. A non-immune pregnant woman may become infected and this can be harmful to both mother and baby.</p> <p>Individuals cannot acquire shingles from another individual with shingles but they can acquire chickenpox from a person with either chickenpox or shingles, if they have no immunity to chickenpox.</p> <p>Although shingles can occur at any age, incidence increases with age</p>
High-risk	Oncology, Haematology, Transplant Units, Maternity Units, Paediatric Wards. Most patients on steroids or immunosuppressive therapy. Patients identified with shingles in any of these high-risk areas, who have not been placed in isolation with appropriate PPE, then the IPCT / Consultant in Infectious Diseases and / or Ward Clinicians must assess other patients in the area.


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3. Transmission Based Precautions for Shingles in High-risk Areas

Accommodation (Patient Placement)	Patients do not need to be in a single room unless they are being nursed in a 'high-risk' area (i.e. an area with immuno-compromised patients, maternity, neonatal or paediatric ward) or unless lesions cannot be covered, e.g. the face or hands in which case optimal placement is a single room irrespective of unit. In this case contact the IPCT for assistance. All patients with disseminated or respiratory herpes zoster or underlying immune compromise require isolation precautions. Contact a member of the local IPCT for advice.
Care Checklist available	No.
Clinical Waste	No special requirements.
Contacts	Refer any non-immune HCW who has had direct or indirect contact with vesicle fluid to the Occupational Health Service (OHS).
Domestic Advice	No special requirements unless patient is in isolation. See SOP Twice Daily Clean of Isolation Rooms
Equipment	No special requirements unless patient is in isolation. See SOP Cleaning of Near Patient Equipment
Hand Hygiene	Hand hygiene is the single most important measure to prevent cross-infection with Shingles. 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
Linen	Treat used linen as soiled/ infected, i.e. place in a water soluble bag then a clear 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.

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<i>Moving between wards, hospitals and departments (including theatres)</i>	Ensure receiving ward / area is aware of the patient's condition pre-transfer. If patient is isolated movement of patients is minimised unless clinically essential.
<i>Notice for Door</i>	Yellow IPC isolation sign only if patient is isolated.
<i>Patient Clothing</i>	No special requirements.
<i>Personal Protective Equipment (PPE)</i>	To prevent spread through direct contact PPE (disposable gloves and yellow apron) must be worn for all direct contact with the patient or the patient's environment/equipment. A fit tested FFP3 mask and goggles/visor must be worn if Aerosol Generating Procedures (AGP) are undertaken on a patient with shingles of the respiratory tract and for the appropriate fallow time depending on the air changes in the room. See National Infection Prevention and Control Manual
<i>Precautions required until</i>	If the patient is nursed in a 'high-risk' area they can be removed from isolation when all lesions are dry and crusted.
<i>Screening of Staff</i>	Not required unless a significant exposure of vesicle fluid from the patient comes in contact with a mucous membrane of a person who is not immune or who is unaware of their immune status. If this occurs refer staff to OHS.
<i>Specimens Required</i>	Generally, clinical diagnosis of zoster is obvious (if lesions are not vesicular patients are not infectious). Specimens are not normally required. Specimens of vesicle fluid or vesicle/ulcer swab in VPSS (Viral PCR Sample Solution) can be tested by PCR.
<i>Visitors</i>	Visitors who have no history of chickenpox should be discouraged from visiting until the patient's lesions are dry and crusted and no new lesions have appeared in the last 24 hours. Hand hygiene is recommended for visitors before entering and when leaving the patient's room. Restrict visitors in paediatric wards to parents and carers.

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4. Evidence Base

Shingles: the green book, chapter 28a

<https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>

[National Infection Prevention and Control Manual](#)

National Infection Prevention and Control Manual a-z pathogens

<https://www.nipcm.hps.scot.nhs.uk/a-z-pathogens/#s>