

Chapter 5: Staff Health

Adult Immunisation

School staff that are appropriately immunised pose a significantly smaller risk to the children in their care and, in turn, protected against the dangers that certain vaccine preventable infectious diseases pose to themselves and, if pregnant, to their unborn children. All staff working in schools should ensure that they are up to date with the routine immunisations – diphtheria, tetanus, pertussis (whooping cough), polio, meningococcal C (if under 23 years of age), measles, mumps and rubella. Immunisation should be in accordance with national immunisation guidelines.

Exclusion

All school staff should be aware of the need for self exclusion if they develop symptoms of gastrointestinal illness, fever or skin rashes, any one of which may pose a risk of infection to pupils and staff. Exclusion periods are provided in Chapter 9 - Management of Specific Infectious Diseases - under the relevant infectious diseases.

Infectious Diseases Relevant to Staff

The following are diseases relevant to staff. Many are vaccine preventable (i.e. they can be prevented by appropriate immunisation). As already stated above, immunisation should be in accordance with national immunisation guidelines.

- **Chickenpox (Varicella)**

Chickenpox infection in pregnancy may cause more severe illness and poses a risk to the foetus. All female staff of childbearing age should discuss testing for chickenpox immunity with their GP (or occupational health provider). Those whose bloods test shows that they are not immune should be offered vaccination.

- **Hepatitis B**

Hepatitis B has been reported to occur more frequently in facilities for those with intellectual disability. Staff in these facilities should receive hepatitis B vaccine. There is no indication for school staff elsewhere to receive hepatitis B vaccine routinely since good implementation of standard precautions should provide adequate protection against blood and body fluid exposure (see Chapter 3). Furthermore, now that hepatitis B vaccine has been included in the routine childhood immunisation schedule, vaccinated children should not pose a risk in the future.

There is no need for staff with chronic hepatitis B infection to be excluded from working in a school setting.

- **Influenza**

Influenza has a tendency to spread readily through group settings such as schools and long stay residential facilities. As a result, staff who are pregnant or in another recognised risk group for influenza should ensure that they are fully immunised against influenza (risk groups for seasonal influenza can be found on the website of the National Immunisation Office at <http://www.immunisation.ie/en/AdultImmunisation/FluVaccination/>).

- **Measles**

All staff working in schools should ensure they are protected against measles, either by vaccination or a history of measles infection. Most individuals born before 1978 are likely to have had measles infection. Infection with measles during pregnancy can result in early delivery or even loss of the baby. Therefore, if a non-immune pregnant woman is exposed to measles, her GP or antenatal care provider should be informed immediately to ensure appropriate management.

- **Mumps**

All staff working in schools should ensure they are protected against mumps, either by vaccination or a history of mumps infection. Most individuals born before 1978 are likely to have had mumps infection.

- **Rubella (German Measles)**

All female staff working in schools should ensure that they are protected against rubella, either by having received the rubella vaccine or having had a blood test to confirm immunity. Rubella may have devastating consequences on the developing baby if a non-immune mother is exposed in early pregnancy. If a pregnant woman comes in contact with rubella and is unaware of her immune status, she should contact her GP or antenatal care provider immediately to ensure appropriate investigation.

- **Pertussis (Whooping Cough)**

Pregnant women are now recommended to have a dose of pertussis vaccine during their pregnancy. This is to boost their own immunity, which they pass onto the baby in the womb. This protects the baby for the first few months of life, before the baby is fully vaccinated. Pregnant staff should discuss pertussis vaccination with their GP or antenatal care provider.

Slapped Cheek Syndrome (Fifth Disease - Parvovirus B19)

Slapped cheek syndrome is usually a mild self-limiting viral illness caused by parvovirus B19. It is very common in childhood and therefore most adults have been infected and are immune to parvovirus. Simple hygiene measures including scrupulous hand washing provide the most effective method of prevention and control of this viral disease. There is no vaccine available.

In people with chronic red blood cell disorders (e.g. sickle-cell disease or spherocytosis) or whose immune system is significantly weakened, infection may result in severe anaemia requiring treatment. Staff with these conditions should seek medical advice if they believe they may have been exposed to a case either at home, in the community or at work. See below for advice for pregnant women.

- **Tuberculosis (TB)**

TB symptoms may be quite non-specific and may include one or more of the following - persistent cough of at least three weeks duration, night sweats, anorexia and weight loss. Staff should be encouraged to report such symptoms and seek medical advice should they arise. They should be made aware (e.g. at induction) of the particular vulnerability of children to infectious TB.

- **Gastroenteritis**

All staff who have had a gastroenteritis (i.e. diarrhoea and/or vomiting) should be excluded until 48 hours have elapsed since their last episode of diarrhoea or vomiting. This is especially important for staff who are involved in preparation or serving of food.

Special circumstances

- **Pregnant staff**

It is important that staff of childbearing age should ensure that they are appropriately immunised and compliant with infection control precautions, as outlined in Chapter 3.

Slapped Cheek Syndrome (Parvovirus B19)

Slapped cheek syndrome is usually a mild self-limiting viral illness, caused by parvovirus B19 that is very common in childhood. Most pregnant women, especially women who work with children, are already immune to parvovirus and therefore do not become infected. For women who are not immune a small number may become infected. Infection is more likely after contact with an infectious person in a household setting rather than an occupational (school) setting. For a small number of women who develop infection, the infection may pass to the foetus. In most instances infection in the foetus does not lead to any untoward event. On rare occasions, infection in the foetus before the

pregnancy has reached 21 weeks may cause anaemia which may need treatment. Rarely infection in early pregnancy has been associated with miscarriage.

Pregnant women, who may have been exposed to a case either at home, in the community or at work, should inform their doctor so that follow-up, if required, can be arranged. Simple hygiene measures including scrupulous hand washing and avoiding sharing eating and drinking utensils provide the most effective method of prevention and control of this viral disease.

Circulation of parvovirus in schools reflects circulation of the infection in the wider community. In addition by the time someone develops the typical rash of slapped cheek syndrome they are usually no longer infectious and their contacts have already been exposed. Excluding pregnant teachers from school will not prevent them from being exposed to infection and therefore exclusion is not recommended as a public health measure to protect pregnant women from infection.