



# Infection Prevention and Control Resource for Adult Social Care

## 10. Staff health and managing sickness related to infection

This section supports care and support workers and managers to look after their health and wellbeing. Health and wellbeing refer to overall physical, mental, and social functioning, all of which are essential for delivering safe, high-quality care.

Staff health and wellbeing are closely linked to preventing and managing infections. Good physical health helps supports a strong immune system and protects against infection. Positive mental wellbeing promotes resilience, clear decision-making, and the ability to cope with challenging situations, including outbreaks and periods of increased pressure.

Supporting staff wellbeing also helps reduce sickness absence, improving continuity of care for individuals who receive care and support. A healthy, supported workforce is better equipped to provide consistent, compassionate care while maintaining high standards of infection prevention and control (IPC).

Promoting health and wellbeing should therefore be seen as a core part of safe care, effective leadership, and high-quality adult social care services.

There is [guidance on staff wellbeing](#) which offers helpful advice and tools for both care and support workers and employers. Managers should ensure that staff wellbeing support is available, and that care and support workers know how to access this.

## 21 Preventing and managing sickness

22 Managing care and support workers' sickness is a vital part of maintaining safe, effective  
23 and continuous care.

24 Care and support workers can prevent sickness or reduce its severity by accessing  
25 vaccinations that they are eligible for. Vaccinations can protect people from preventable  
26 diseases and seasonal infections (for more information see Section 6. Vaccinations for  
27 care and support workers and individuals receiving care and support).

28 Using standard infection control precautions routinely at work, including hand hygiene will  
29 help minimise opportunities for infections to spread to care and support workers.

30 Managers should ensure any care and support workers who are more susceptible or  
31 clinically vulnerable to infections have risk assessments in place.

32 Care and support workers should notify their managers as soon as possible if they are  
33 unwell and should seek advice on whether their symptoms require them to stay away from  
34 work.

## 35 When staff should not attend work due to infection

36 Table 1 gives advice on the minimum period of time that staff should stay away from work  
37 when they have an infection. Care and support workers should contact the care setting  
38 occupational health advisor, or if not available the local health protection team (HPT) if  
39 concerned about contact with a case.

40  
41 Advice on work exclusions due to infection or public health reasons can be sought from  
42 the care setting occupational health advisor, or if this is not available the local HPT, or  
43 local IPC provider.

44 Table 1

Disease	Period of exclusion
Acute respiratory infections	Exclude any affected individual who has a high temperature and is unwell until they no longer have a high temperature and are well enough to attend work.  Do not exclude individuals with only mild symptoms of a respiratory illness, such as a runny nose, sore throat, or mild cough, but who are otherwise well.
Chickenpox	Exclude until all vesicles/blisters are dry and no new

<b>Disease</b>	<b>Period of exclusion</b>
	vesicles are forming.
Diarrhoea and/or vomiting	Exclude until clinically well and after 48 hours without diarrhoea or vomiting.
Group A Streptococcus (GAS) (Scarlet fever, impetigo, and strep throat)	Exclude until 24 hours after starting to take antibiotics.
Hepatitis A	Exclude until 7 days after the onset of jaundice or from the onset of symptoms if no jaundice is present.
Measles	Exclude until 4 days after appearance of rash (1st day of rash appearing is day 0).
Meningitis	Exclude until the person has recovered.
Meningococcal meningitis	Exclude until the person has been treated with antibiotics and has recovered.
Mpox	Exclude until their rash has formed scabs and all the scabs have fallen off and there is intact skin underneath.
Mumps	Exclude until 5 days after onset of jaw/neck swelling.
Rubella	Exclude until 5 days from the appearance of the rash (1st day of rash onset is day 0).
Scabies	Exclusion is not usually necessary. Staff and carers can continue to work but should wear gloves and aprons to avoid skin-to-skin contact when handling and providing personal care until 24 hours after their first treatment dose.
Shingles	Exclude only if rash is weeping and cannot be securely covered.
Tuberculosis (TB)	Exclude individuals whilst they are infectious, following advice from TB specialist or UKHSA HPT.
Whooping cough	Exclude until the individual has had at least 48 hours of the appropriate antibiotic or until 14 days from the onset of coughing if no antibiotics have been taken and they feel well enough to return.