POLICY AND REGULATIONS MANUAL

Policy No: 3.55.04 Page Number: 1 of 6

Effective Date: 03/16 Board Motion No: n/a

Last Review Date: 08/23/2019 Due For Review: 08/23/2022

TITLE: COMMUNICABLE DISEASE WORK RESTRICTIONS FOR

HEALTHCARE PERSONNEL

PURPOSE: To provide guidance for work restrictions for healthcare personnel with

communicable disease or special conditions.

POLICY STATEMENT:

Possible transmission of infection of communicable diseases by healthcare personnel poses a risk to patients, visitors and staff.

POLICY ELABORATIONS:

I. DEFINTION:

HEALTHCARE PERSONNEL (HCP): All paid and unpaid persons providing direct patient care and/or services or having direct patient contact in health-care settings at Harris Health facilities who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

II. GENERAL:

- A. All HCPs with a communicable disease should remain away from work until no longer contagious.
 - 1. HCPs are responsible for notifying his or her supervisor if the HCP is ill with a communicable disease.
 - 2. Supervisors are responsible for ensuring that HCPs are compliant with work restrictions regarding communicable diseases, when appropriate. Supervisors may contact EHS for consultation as necessary.

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B. Any HCP with a fever should stay home until the HCP is free of fever for twenty-four (24) hours without medication. See the table below for guidelines regarding when to stay at home in the setting of an acute respiratory viral illness.

Symptoms	Stay At Home	Return to Work
FEVER • Fever (T38C or 100.4F)	T > 38C or 100.4F	• No fever for 24 hours(!)
RESPIRATORY SYMPTOMS WITHOUT FEVER	One or more symptoms on high risk units	24 hours after onset of symptoms AND
 Cough Sore throat Nasal Congestion <i>I</i> Runny Nose Myalgia (body aches) 	Two or more symptoms on all other units	 No fever (l) AND Symptoms have significantly improved
RESPIRATORY SYMPTOMS	T > 38C or $100.4F$	• No fever for 24 hours 0_1
WITH FEVER (presumed Influenza) • Fever (T38C or 100.4F)	symptom	• Symptoms have significantly improved
 Cough Sore throat Nasal Congestion I Runny Nose Myalgia (body aches) 		

C. The route of transmission and likelihood of infection transmission of infection varies with the specific agent and type of contact and will be assessed for work restrictions.

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D. An HCP who provides patient care and who suspects or knows that he or she is infected with a potential communicable disease shall not engage in any activity that is known to be a risk to others in the workplace.

- E. HCPs who are linked epidemiologically to an increase in bacterial or viral infections caused by a pathogen associated with a carrier state may be required to provide samples for microbiology testing and, if positive, will be excluded from patient contact until carriage is eradicated or the risk of disease transmission is eliminated.
- F. HCPs who are infected with a potential communicable pathogen should report the condition to the HCP's supervisor.
 - 1. Work restrictions are determined on a case by case basis (See Harris Health policy 3.55 Vaccine Preventable Disease Policy, Section V(A) and Attachment B, Communicable Disease Work Restriction).
 - 2. For any questions, consultation with EHS is encouraged.
- G. For selected conditions, medical clearance by EHS is required prior to the HCP returning to work. Please see conditions indicated in Attachment A, EHS Communicable Disease Work Restrictions.

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ATTACHMENTS:

Attachment A, EHS Communicable Disease Work Restrictions

REFERENCES/BIBLIOGRAPHY:

Bolyard, E.A., et al. the Hospital Infection Control Practices Advisory Committee (1998). Guidelines for Infection Control in Health Care Personnel, 1998. American Journal of Infection Control, 26(3), 289-354.

CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others. (Oct 23, 2009). CDC.gov.

Henderson, O.K., et al. and the Society for Healthcare Epidemiology of America. (2010). SHEA Guidelines for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus and/or Human Immunodeficiency Virus. Infection Control and Hospital Epidemiology, 31(3), 203-232.

Recommended Work Restrictions for Communicable Diseases in Health Care Workers. (October, 2014) Association of Occupational Health Professionals in Healthcare. AOHP.org

Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students. MMWR Recommendations and Reports. Vol.6l.No.3 July 6 2012.

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Occupational Health Services

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REVIEW/REVISION HISTORY:

Formerly Harris Health policy 1208

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
	1.0	Approved 11/20/2015	System Infection Prevention Committee
		Approved 12/21/2015	Nursing Policy and Procedures Council
		Approved01/19/2016	System Nurse Executive Committee
		Approved 02/26/2016	ACS Medical Executive Committee
		Approved 03/02/2016	LBJ Medical Executive Committee
		Approved 03/07/2016	BTH Medical Executive Committee
		Approved 03/08/2016	Medical Executive Board
03/08/2016		Approved 03/08/3016	Interdisciplinary Clinical
			Committee
	2.0	Revised 08/23/2019	Expedited Executive Approval By The CEO

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APPENDICES "A" EHS COMMUNICABLE DISEASE WORK RESTRICTIONS

Disease/Problem	Work Restriction	Duration
Conjunctivitis	Restrict from patient contact with patient care environment	Until discharge ceases
Cytomegalovirus	None	
Diarrhea, acute stage	Restrict from patient contact, contact with patient's environment, or food handling	Until symptoms resolve
Diarrhea, convalescent stage, Salmonella	Restrict from care of high risk patients*	Until symptoms resolve
Diphtheria	Exclude from duty	Until antimicrobial therapy concluded and 2 cultures obtained greater o equal to 24 hours apart are negative. EHS Clearance Required.
Enteroviral Infections	Restrict from care of infants, neonates and immunocompromised patients and their environments.	Until symptoms resolves
Hepatitis A	Restrict from patient contact, contact with patient's environment, or food handling	Until 7 days after jaundice. EHS Clearance Required.
Hepatitis B, acute or chronic surface antigenemia personnel who do <u>not</u> perform exposure prone procedures**	None	EHS Clearance Required.
Hepatitis B, acute or chronic surface antigenemia personnel who perform exposure prone procedures**	Expert Panel Review	Expert Panel Review. EHS Clearance Required.
Hepatitis C, personnel who do <u>not</u> perform exposure prone procedures	None	EHS Clearance Required.
Hepatitis C, personnel who perform exposure prone procedures	Expert Panel Review	Expert Panel Review. EHS Clearance Required.
Herpes Simplex, Genital	None	
Herpes Simplex, HADS (Herpetic Whitlow)	Restrict from patient contact and contact with patient care environment.	Until lesions heal
Herpes Simplex, Orofacial	Restrict from care of high risk patients*	Until lesions heal
Human immunodeficiency virus, personnel who do <u>not</u> perform exposure prone procedures.	None	EHS Clearance Required.
Human immunodeficiency virus, personnel who perform exposure prone procedures.	Expert Panel Review	Expert Panel Review. EHS Clearance Required.
Influenza	Exclude from duty	24 hours after resolution of symptoms. EHS Clearance Required.
Measles, Active	Exclude from duty	Until 7 days after rash appears
Measles, post-exposure (susceptible personnel)	Exclude from duty	From the 5 th day after 1 st exposure through the 21 st day after last exposure and/or 7 days after rash appears. EHS Clearance Required
Meningococcal	Exclude from duty	Until 24 hours after start of effective therapy
Mumps, Active	Exclude from duty	Until 9 days after onset of parotitis. EHS Clearance Required
Mumps, post-exposure (susceptible personnel)	Exclude from duty	From 12 th day after 1 st exposure through 26 th day after last exposure or until 9 days after onset of parotitis. EHS Clearance Required.
Pediculosis (lice)	Restrict from patient contact	Until after one does of effective treatment
Pertussis, active	Exclude from duty	Until 5 days after start of effective antimicrobial therapy
Pertussis, post-exposure, asymptomatic	No restrictions, prophylaxis recommended	Haril Edwards and affective activities highly
Pertussis, post-exposure, symptomatic Rubella, Active	Exclude from duty Exclude from duty	Until 5 days after start of effective antimicrobial therapy Until 5 days after rash appears
Rubella, post-exposure (susceptible personnel)	Exclude from duty	From 7 th day after 1st appears From 7 th day after 1st exposure through 21 st day after last exposure. EH Clearance Required
Scabies	Restrict from patient contact	Until treated
Skin lesion that cannot be covered and precludes hand washing	Restrict from patient contact	
Staphylococcus aureus infection, active draining skin lesions	Restrict from patient contact with patient care environment or food handling	Until lesions have healed
Staphylococcus aureus infection, carrier state	No restrictions unless personnel are epidemiologically linked to transmission of the organism	
Streptococcal Infection, Group A	Exclude from duty	Until 24 hours after start of effective therapy
Tuberculosis, Active Disease	Exclude from duty	Until proved noninfectious. EHS Clearance Required
Tuberculosis, PPD converter	No restriction	
Varicella, Active Disease Varicella, post-exposure (susceptible personnel)	Exclude from duty Exclude from duty	Until all lesions dry and crust From 10^{th} day after 1^{st} exposure through 21^{st} day (28^{th} day if VZIG giver
Zoster, localized in healthy person	Cover lesions; restrict from care of high risk	after last exposure). EHS Clearance Required. Until all lesions dry and crust
Zoster, generalized or localized in	patients* Restrict from patient contact	Until all lesions dry and crust
immunosuppressed person Zoster, post-exposure (susceptible personnel)	Restrict from patient contact	From 10 th day after 1 st exposure through 21 st day (28 th day if VZIG giver
		after last exposure). EHS Clearance Required.
Viral upper respiratory infection	Restrict from care of high risk patients*	Until 24 hours after symptoms resolve