

# HACKETTSTOWN REGIONAL MEDICAL CENTER

## Work Restrictions For Healthcare Personnel Exposed To Or Infected With A Communicable Disease

Effective Date: 9/2012  
Cross Referenced: CDC  
Reviewed Date:  
Revised Date: 9/12

Policy No: IC026  
Origin: Infection Prevention/Occupational Medicine  
Authority: Infection Prevention  
Page: 1 of 6

### PURPOSE:

1. To monitor and investigate potentially harmful infection exposures and outbreaks among personnel.
2. To provide care to personnel for work related illnesses or exposures.
3. To identify work related infection risks and institute appropriate preventive measures.

### DEFINITIONS:

**Category I:** Procedures with minimal risk of bloodborne virus transmission.

**Category II:** Procedures for which bloodborne virus transmission is theoretically possible but unlikely.

**Category III:** Procedures for which there is a definite risk of bloodborne virus transmission or that has been classified previously as "exposure prone".

This phrase is defined as an invasive procedure which includes digital palpation of a needle tip in a body cavity or the simultaneous presence of the healthcare personnel fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site. Performance of exposure prone procedures presents a recognized risk of percutaneous injury to the HCW, and if such an injury occurs the healthcare personnel's blood is likely to contact the patient's body cavity, subcutaneous tissues, and/or mucous membranes.

**Healthcare Personnel:** In this policy the term "healthcare personnel" refers to all paid and unpaid person's working in the healthcare setting of Hackettstown Regional Medical Center.

### QUALIFICATIONS: ALL HEALTHCARE PERSONNEL

### POLICY:

1. Healthcare personnel exposed to or infected with communicable disease will be counseled and excluded from duty or restricted from patient care by the Employee Health personnel/Employee Health physician based on current guidelines as outlined in this policy.
2. Management of healthcare workers who are infected with hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) will be reviewed by an Expert Panel based on their job description and the risk for transmission of bloodborne pathogens on a case by case basis.
3. Personnel who are absent from work because of any reportable communicable disease, infection or exposure to infection, as defined in N.J.A.C. 8:57 \*asterisked in the policy, shall be excluded from working in the hospital until they have been examined by a physician and certified by the physician as no longer endangering the health of patients or employees. These employees must present documentation from the treating/certifying physician to Employee Health in order to receive clearance prior to returning to work.

### PROCEDURE:

1. Personnel with fever, skin eruptions (boils, cold sores, rash) respiratory infection, eye infection, cough, sore throat, jaundice, diarrhea or other signs of possible infection should immediately inform his/her supervisor, obtain an Employee Health Department request and report to the Employee Health Department Monday-Friday, 7am-4pm except holidays for evaluation.
2. On holidays and after regular hours, healthcare personnel should report to the Emergency Department.

## HACKETTSTOWN REGIONAL MEDICAL CENTER

### Work Restrictions For Healthcare Personnel Exposed To Or Infected With A Communicable Disease

Effective Date: 9/2012  
 Cross Referenced: CDC  
 Reviewed Date:  
 Revised Date: 9/12

Policy No: IC026  
 Origin: Infection Prevention/Occupational Medicine  
 Authority: Infection Prevention  
 Page: 2 of 6

3. Personnel, who consult their personal physician regarding a potentially communicable disease, shall notify the Employee Health Department for the protection of patients and fellow personnel.

An employee returning to work from a known or suspected contagious illness must present herself/himself to the Employee Health Department with documentation of medical clearance from a physician or other independent licensed health care provider in accordance with the Employee Health policies

**The following table is work restrictions for health care personnel exposed to or infected with infectious diseases in the healthcare setting:**

Disease/problem	Work restriction	Duration
Conjunctivitis	Restrict from patient contact & contact patients environment	Minimum 24 hrs. antibiotic use & until discharge ceases
Cytomegalovirus infections	No restriction	
<b>Diarrheal diseases</b> Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with the patient's environment, or food handling	Until symptoms resolve
Convalescent stage <i>Salmonella</i> spp.	Restrict from care while symptomatic	Until symptoms resolve
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and 2 cultures obtained $\geq$ 24 hours apart are negative
Enteroviral infections	Restrict from care of infants, neonates & immunocompromised patients & the environment	Until symptoms resolve
Hepatitis A	Restrict from patient contact, contact with patient's environment & food handling	Until 7 days after onset of jaundice
<b>Hepatitis B (HBV)</b> Personnel with HBV with circulating viral burden of <10,000 GE/mL	No restriction footnote 1; standard precautions should always be observed. May perform Categories I,II and III procedures	Test twice per year
<b>Personnel with HBV with circulating viral burden of &gt;10,000</b>	May perform categories I and II Footnote 1	NA
Personnel with HBV with circulating viral burden >10,000 GE/mL	Do not perform category III or previously described as "exposure-prone invasive procedures	NA
<b>Hepatitis C (HCV)-</b>	No restriction (b); standard	Test twice per year

## HACKETTSTOWN REGIONAL MEDICAL CENTER

### Work Restrictions For Healthcare Personnel Exposed To Or Infected With A Communicable Disease

Effective Date: 9/2012  
 Cross Referenced: CDC  
 Reviewed Date:  
 Revised Date: 9/12

Policy No: IC026  
 Origin: Infection Prevention/Occupational Medicine  
 Authority: Infection Prevention  
 Page: 3 of 6

<b>(confirmed by RIBA) Personnel with HCV with circulating viral burden of &lt;10,000 GE/mL</b>	precautions should always be observed. May perform Categories I, II and III procedures	
<b>HCV &gt;10,000 GE/mL</b>	May perform categories I and II footnote 1	NA
<b>HCV &gt;10000GE/mL</b>	Do not perform category III or previously described as "exposure-prone invasive procedures	NA
<b>Herpes simplex-Genital</b>  -Hands (herpetic whitlow)  -Orofacial	No restriction  Restrict from patient contact & contact with the environment  Evaluate for need to restrict from care of infants/neonates/pediatric & immunocompromised patients.	Until lesions heal *
<b>Disease/Problem</b>	<b>Work Restrictions</b>	<b>Duration</b>
<b>HIV + Personnel with HIV + &lt;5 X 100GE/mL</b>	No restriction foot note 1; standard precautions should always be observed. May perform Categories I,II and III procedures	Test twice per year
<b>Personnel with HIV+&gt;5X100GE/mL</b>	May perform categories I and II footnote 1	NA
<b>With &gt;500GE/ml</b>	Restricted from category III	NA
<b>Measles</b> Active	Exclude from duty	Until 7 days after the rash appears *
Postexposure (susceptible personnel)	Exclude from duty	From 5 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day after last exposure and/or 4 days after rash appears.
Meningococcal infections	Exclude from duty	Until 24 hours after start of effective therapy * Refer to Policy # EH-7 Management of Exposure to Meningococcal Disease.

## HACKETTSTOWN REGIONAL MEDICAL CENTER

### Work Restrictions For Healthcare Personnel Exposed To Or Infected With A Communicable Disease

Effective Date: 9/2012  
 Cross Referenced: CDC  
 Reviewed Date:  
 Revised Date: 9/12

Policy No: IC026  
 Origin: Infection Prevention/Occupational Medicine  
 Authority: Infection Prevention  
 Page: 4 of 6

<b>Mumps</b>		
Active	Exclude from duty	Until 9 days after onset of parotitis *
Postexposure (susceptible personnel)	Exclude from duty	From 12 <sup>th</sup> day after 1 <sup>st</sup> exposure through 26 <sup>th</sup> day after last exposure or until 9 days after onset of parotitis
Pediculosis	Restrict from patient contact	Until 24 hrs. after treatment and Observed to be free of adult and immature lice.
<b>Pertusis</b>		
Active	Exclude from duty	From beginning of catarrhal stage through 3 <sup>rd</sup> week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy *
Postexposure (asymptomatic personnel)	No restriction, prophylaxis recommended	
Postexposure (symptomatic personnel)	Exclude from duty	Until 5 days after start of antimicrobial therapy
<b>Rubella</b>		
Active	Exclude from duty	Until 5 days after rash appears *
Postexposure (susceptible personnel)	Exclude from duty	From 7 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day after last exposure
Scabies	Restrict from patient contact	Until day after treatment and cleared by medical evaluation * Refer to Policy # EH-8 Mngmt. of Pt. with Scabies or Pediculosis (lice).
<b>Staphylococcus aureus infection</b>		
Active, draining skin lesions	Restrict from contact with patients and patient's environment or food handling	Until lesions have resolved *
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism	
Streptococcal infection, group A	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started*
<b>Tuberculosis</b>		
Active disease	Exclude from duty	Until proved non-infectious with 3 negative sputum cultures *Refer to Policy TB 1

## HACKETTSTOWN REGIONAL MEDICAL CENTER

### Work Restrictions For Healthcare Personnel Exposed To Or Infected With A Communicable Disease

Effective Date: 9/2012  
 Cross Referenced: CDC  
 Reviewed Date:  
 Revised Date: 9/12

Policy No: IC026  
 Origin: Infection Prevention/Occupational Medicine  
 Authority: Infection Prevention  
 Page: 5 of 6

PPD converter	No restriction if asymptomatic	
<b>Varicella</b>		
Active	Exclude from duty	Until all lesions dry and crust * Refer to Policy # EH-5 Varicella Immunization Policy.
Postexposure (susceptible personnel)	Exclude from duty	From 10 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure
<b>Zoster</b>		
Localized, in healthy person	Cover lesions; restrict from care of high risk patients including neonates and immunocompromised patients and susceptible to varicella.	Until all lesions dry and crust *
Generalized or localized in immunosuppressed person	Restrict from patient contact	Until all lesion dry and crust *
Postexposure (susceptible personnel)	Restrict from patient contact	From 10 <sup>h</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure or if varicella occurs, until all lesions dry and crust *
Viral respiratory infections, acute febrile	Until acute symptoms resolve	Until acute symptoms resolve

Footnote 1:

No restrictions recommended, so long as the infected healthcare provider 1.) Is not detected as having transmitted infection to patients; 2.) Obtains advice from an Expert Review Panel about continued practice; 3.) Undergoes follow up routinely by Employee Health, who test the provider twice per year to demonstrate the maintenance of a viral burden of less than the recommended threshold; 4.) also receives follow up by a personal physician who has expertise in the management of his or her infection and who is allowed by the provider to communicate with the Expert Panel about the provider's clinical status; 5.) consults with an expert about optimal infection control procedures and , including the routine use of double-gloving for category II and III procedures and frequent glove changes during procedures , particularly if performing technical tasks known to compromise glove integrity(e.g. placing sternal wires) and 6.) Agrees to the information and signs a contract or letter from the Expert Review Panel that characterizes his or her responsibilities

#### REFERENCES:

- Guideline for Infection Control in Healthcare Personnel, Center for Disease Control and Prevention, Public Health Services 1998, U.S. Department of Health and Human Services, Hospital Infection Control Practices Advisory Committee June 1997, American Journal of Infection Control (1998; 26:289-354)
- New Jersey Sanitary Code (N.J.A.C) 8:57-1, Reportable Communicable Diseases; June 5, 1995.
- SHEA Guideline 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 Vol. 31 No.3 March 2010