

**EAST CAROLINA UNIVERSITY**

**INFECTION CONTROL POLICY**

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Work Restriction for Personnel

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Approved by:

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Chairman, Infection Control Committee

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Infection Control Nurse

- I. **Purpose:** To prevent the transmission of common community–acquired infectious diseases from health care workers to patients or co-workers in the clinical setting. This sometimes warrants exclusion of personnel from work or patient contact. Decisions on work restrictions are based on the mode of transmission, epidemiology and guidelines put forth by the Centers for Disease Control and Prevention. The term “exclude from duty” should be interpreted as exclusion from the health care facility and from direct patient care activities.
  
- II. Personnel are encouraged to report infectious symptoms to their immediate supervisor as soon as possible and not report to work. Infectious symptoms may include, but not be limited to:
  - Fever
  - Open, moist or actively draining lesions
  - Obvious purulent drainage
  - Vomiting
  - Diarrhea
  - Known exposure to infectious disease with development of symptoms
  
- III. Personnel reporting to work with symptoms of a possible infectious disease with development of symptoms will immediately be asked by their supervisor to leave and return home. If questionable, Employee Health may be contacted for assistance in determining the need for exclusion. Personnel may choose to seek medical attention from their primary care physician. Exclusion from duty due to presence of or exposures to infectious disease will be handled under personal sick leave policies. Injuries and illnesses that are a result of employment will be handled by ECU Prospective Health and Workers Compensation.

<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>
AIDS/HIV	Refer to policy regarding HIV and/or Hepatitis B infected health care workers	Done on an individual basis
Conjunctive drainage (infectious)	Direct patient care *Reassignment to non-patient area. Emphasize handwashing	Until drainage ceases or person is cleared by M.D.
Cytomegalovirus (CMV)	No restrictions.	Counsel pregnant employees on the risks and prevention of transmission of CMV. Use standard precautions.
Diarrhea (acute stage)	Direct patient contact, food handling	Until symptoms resolved and infection with salmonella is ruled out
Convalescent state (salmonella)	Direct patient contact with high risk patients, food handling	Until stool is free of salmonella on 2 consecutive cultures not less than 24 hours apart
Other enteric pathogens	Restrict from care of high-risk patients	Until symptoms resolve
Enteroviral infections	Direct patient contact with high risk patients	Until symptoms resolved
Fever greater than 101 degrees F	Consult with physician to determine cause of fever (dependent on diagnosis)	Until fever resolved
Group A Streptococcal Disease	Direct patient contact	Until 24 hours after adequate treatment is started
Hepatitis A	direct patient contact, food handlers	Until 7 days after onset of jaundice, Or 14 days if anicteric
Hepatitis B Acute Antigenemia	Refer to policy regarding HIV and/or hepatitis B infected health care workers	Until antigenemia resolves
Hepatitis B Chronic Antigenemia	Same as acute illness	Until antigenemia resolves
Hepatitis C	Same as hepatitis B	Done on individual basis
Hepatitis NonA, NonB	Same as acute hepatitis B	Done on individual basis
Herpes simplex genital	None	Emphasize good handwashing
Herpes simplex Hands (herpetic whitlow)	All personnel with direct patient contact	Until lesions heal or 48 hours After beginning treatment
Herpes simplex orofacial	Personnel should not take care of high risk patients/neonates, immune compromised patients	Until lesions heal

HIV-Ab positive	Refer to policy regarding HIV and for hepatitis B infected health care worker	Done on individual basis
Measles (active)	Exclude from duty	Until 7 days after rash appears
Measles-postexposure (susceptible personnel)	Exclude from duty	From day 5 through day 21 after exposure and/or 4 days after rash appears
Mumps (active)	Exclude from duty	Until 9 days after onset of parotitis
Mumps-postexposure (susceptible personnel)	Exclude from duty	From day 12 through day 26 after exposure and/or 9 days after onset of parotitis
Parvovirus Exposure	<p>Pregnant women should not care for patients with known or highly suspected parvovirus infections.</p> <p>Exposure to B19-highest risk are: Chronic Aplastic crisis or chronic B19 infection.</p> <p>Other expose workers should be Monitored for symptomatic Evidence of infection</p>	First half of pregnancy. Usually viremia subsided by the time rash has appeared
Parvovirus Acute Infection	Employees/workers with acute Infection are removed from patient	Until 3 days after resolution of symptoms
Pertussis- active	All personnel*	From the beginning of the catarrhal stage through the 3 <sup>rd</sup> week after onset of paroxysms or until 5 days after effective treatment
Pertussis-postexposure (asymptomatic personnel)	None, prophylaxis recommended	
Pertussis-postexposure (symptomatic personnel)	All personnel*	From day 6 of first exposure through 20 of last exposure to infected
Ringworm	Direct patient contact if lesions are on hands and arms	Until lesions healed
Rubella – active	All personnel*	Until 7 days after the rash appears
Rubella – postexposure (susceptible personnel)	All personnel*	From day 7 through day 21 after exposure and/or 5 days after the rash appears
Scabies/Lice	Direct patient contact	Until treated (24 hrs. after treating)
Scabies/Lice-postexposure	None	Duration-no treatment indicated unless symptomatic

Severe Acute Respiratory Syndrome (SARS)		
Active	Exclude from Duty	Until 10 days after onset of symptoms
Post-Exposure asymptomatic (no fever or respiratory symptoms)	Report to Employee Health or Patient Care Coordinator daily for fever and symptoms check prior to reporting for work	Until 10 days after exposure. 3-10 days monitor temp daily
Post-Exposure symptomatic (fever and/or respiratory symptoms)	Exclude from Duty	Until Medical Evaluation (after 72 hours of symptoms)
Skin lesion (not covered by other policies)	Direct patient contact: If weeping, broken skin that cannot be covered or precludes hand washing	Evaluation at the Office of Prospective Health-about patient contact activities
Small Pox		
Active	Exclude from duty	
Post-Exposure Asymptomatic And/or vaccine > 10 years	Exclude from duty day 7 – day 19 after exposure	
Post-Exposure vaccinated <10 years	Based on medical evaluation	
Post-Exposure symptomatic	Exclude from Duty	Until all lesions are dry and crusted (approximately 3 weeks)
<u>Staphylococcus aureus</u> (skin lesions)	Direct patient contact	Until lesions have resolved
Tuberculosis (pulmonary)	All personnel*	Until receiving adequate therapy, proof of 3 consecutive daily negative AFB smears, negative CXR, cough resolved.
Upper respiratory infections	Direct patient care of high risk Patients	Until acute symptoms resolved

Vaccinia Active	Exclude from duty	Until all lesions have resolved and Medical evaluation cleared
Post –Smallpox vaccine with local reaction	Work with lesion covered by Dressing and clothing	From vaccination date until the scab falls off
Post-Smallpox vaccine with remote lesions, progressive vaccinia, generalized vaccinia, eczema vaccinatum	Exclude from duty	Until all lesions have resolved and medical evaluation cleared.
Varicella (chicken pox) active	All personnel*	Until lesions dry and crust
Varicella (chicken pox) Postexposure (susceptible personnel)	All personnel*	From day 10 through day 21 after exposure or through day 28 if VZIG given, was given, or if varicella occurs until all lesions dry and crust
Zoster (shingles) active	Need appropriate cover for all lesions; should not take care of high risk patients	Until lesions dry and crust
Zoster (shingles) postexposure (susceptible personnel)	All personnel*	From day 10 through day 21 after exposure or if varicella occurs until all lesions dry and crust
Viral respiratory infections Acute febrile	Consider excluding from caring for High risk patients or contact with Their environment during community Outbreak of RSV and influenza	Until acute symptoms resolve

\*All personnel refer to all Health Sciences personnel and other personnel who have direct patient care or emergency response duties.