

SULLIVAN COUNTY PUBLIC HEALTH SERVICES

<p><u>POLICY:</u> REMOVAL/LIMITATION OF WORK Employees with communicable disease will be evaluated for work duties.</p> <p><u>PURPOSE:</u> To prevent communicable disease transmission to other staff and to patients.</p> <p><u>RESPONSIBLE PARTY:</u> Supervision</p>	<p>Original Approval: 2/92</p> <p>Reviewed: 9/99</p> <p>Revised:</p> <p>Revised:</p>
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EQUIPMENT: Not applicable.

PROCEDURE: Follow recommendations of New York State Department of Health (see attached).

- 1) When a staff member presents with signs or symptoms of a communicable disease, the following factors are considered in determining whether removal from work, modifications or limitations or work responsibilities, or other precautionary measures are indicated:

*Risk of disease transmission to others.
*Illness that may interfere significantly with the worker's ability to provide quality care.
*Ability and/or willingness to comply with established guidelines to prevent disease transmission.

- 2) An employee must report signs or symptoms of a communicable disease to his or her supervisor. These include fever, unusual rash, nausea, vomiting, diarrhea, recent onset of unexplained cough, congestion, or coryza suggestive of an acute respiratory infection, sore throat with fever, purulent skin lesions, and jaundice. In addition, symptoms which suggest active tuberculosis, such as a chronic productive cough with unexplained weight loss, fever, night sweats or hemoptysis must be reported and evaluated.
- 3) Employees who report symptoms of illness are removed from duty. Most acute illnesses are self limiting and employees generally are able to gauge their own ability to return to work. If supervision feels it is appropriate, a medical evaluation is recommended.
- 4) It is the decision of supervision, in consultation with NYSDOH and their medical provider, if necessary, whether the employee must have a medical evaluation, or any cultures or serologic testing done, before return to work.
- 5) In circumstances where partial or complete work restrictions are imposed because of presenting symptoms or an established diagnosis, or where the employee has been out for extended periods, medical clearance to return to work is required.
- 6) Persons found to have a legally reportable communicable disease have their illness reported to Sullivan County Public Health Nursing Service Communicable Disease Program.

See attached Summary Table for guidance.

SUMMARY TABLE
New York State Department of Health
Recommendations and Work Restrictions for
Personnel with Infections or Communicable Diseases

Disease/Problem	Recommendations
Conjunctivitis, infectious	(Also see text and recommendations, C.I., page A-4 of Attachment.)
Bacterial	Relieve from direct patient contact until discharge ceases.
Viral	Emphasize good handwashing; should not work with infants, immunocompromised patients, or in ophthalmology settings in outbreaks. It may be necessary to remove symptomatic personnel from the work environment.
Cytomegalovirus infections	No work restrictions unless clinically indicated.
Dermatitis, weeping	Workers with weeping dermatitis on body areas that may contact patients should be removed from direct patient care and/or contact with patient care equipment until the condition resolves.
Diarrhea	(Also see text and recommendations, C.I., page A-4 of Attachment.)
Acute stage	Relieve from direct patient contact until symptoms resolve and infection with bacterial enteric pathogens is ruled out.
Convalescent stage	(See text and recommendations, C.I., page A-4 of Attachment.)

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Salmonella (non-typhoidal)	Reinforce good hygiene practices; should not work with infants, immunocompromised patients, or be involved with food handling until 2 negative stools have been obtained taken not less than 1 week after onset and not less than 24 hours apart.
Salmonella typhoidal	Relieve from direct patient contact until stool is free of the infecting organism on 2 consecutive cultures obtained not less than 24 hours apart, 48 hours off antibiotics.
Diarrhea	
Shigella	Relieve from direct patient contact

		until 3 negative stools have been taken, not less than 1 week after onset and not less than 24 hours apart.
Other bacterial enteric pathogens (e.g., Campylobacter, Yersinia)		Reinforce good hygiene practices; should not work with infants or immunocompromised patients until 2 negative stools have been obtained.
Enteroviral infection		Reinforce good hygiene practices; should not work with infants or immunocompromised patients until symptoms resolve.
Ethel Disease		(See parvovirus B19)
Group A streptococcal disease		Relieve from direct patient contact until 24 hours after adequate treatment is started. (Also see P.2, page A 8 of Attachment.)
Group B streptococcal carriage		(See P.3, page A 9 of Attachment.)
Group C streptococcal carriage		(See P.3, page A 9 of Attachment.)
Hepatitis A		Relieve from direct patient contact.
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Hepatitis B		until 7 days after onset of jaundice. (Also see text and recommendations P.3, page 5-6 of attachment.)
Chronic antigenemia (HBeAg positive for > 6 months)		Reinforce recommended precautions and injury prevention techniques during procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin. Can work unless evaluation by an expert panel determines that work restrictions or modifications are indicated to prevent transmission.
State As above		Should remain off work while clinically ill.
Hepatitis C		Reinforce recommended precautions and injury prevention techniques during procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin.
Herpes simplex		(Also see text and recommendations P.1, page 3-6 of Attachment.)
Hand/Fingers (Herpetic whitlow)		Relieve from direct patient contact until lesions heal. It is not known whether gloves prevent transmission.
Oral/anal		Personnel should not care for infants or

immunocompromised patients until lesions heal. Lesions should be covered with an appropriate barrier, i.e. dressing, mask

Orbital No work restrictions; reinforce good hygiene practices.

Human immunodeficiency virus (HIV) (Also see text and recommendations H.1., page A-3 of Attachment.)

Asymptomatic Reinforce recommended precautions and injury prevention techniques during procedures that involve trauma to tissues or contact with mucous membranes or

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non-intact skin.
Can work unless the facility's review panel has evaluated the worker and determined that work restrictions or modifications are indicated to prevent transmission.

HEV disease or AIDS As above unless medically contraindicated

Measles (Also see text and recommendations H.1., page A-3 of Attachment.)

Confirmed or suspected Remove from workplace until 7 days after the rash appears or until active disease is ruled out.

Risk exposure (non-immune personnel with very close contact) Remove from workplace from the 7th through the 14th day after exposure and/or 7 days after the rash appears.

Mumps (Also see text and recommendations H.1., page A-3 of Attachment.)

Confirmed or suspected Remove from workplace until 9 days after onset of parotitis or until active disease is ruled out.

Risk exposure (non-immune personnel with very close contact) Remove from workplace from the 7th through the 14th day after exposure or until 9 days after onset of parotitis.

Previous HIV Infection Respiratory secretions can harbor the virus for 4-15 days before the appearance of rash. Remove from work symptomatic employees with suspected Parovirus A-19 exposure who work in high risk areas until the appearance of rash or until symptoms resolve. (Also see text and recommendations H.1., page A-3 of Attachment.)

Scarlet fever (Also see text and recommendations H.1., page A-3 of Attachment.)

Confirmed or suspected Remove from workplace until the third week after onset of cough or

until 5 days after start of effective

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	therapy of active disease is ruled out.
Post exposure susceptible personnel with very close contact:	No work restrictions, but 2 weeks of erythromycin prophylaxis should be given to close contacts.
Measles	Also see text and recommendations F.1, page A 10 of Attachment.)
Confirmed or suspected	Remove from workplace until 5 days after the rash appears or until active disease is ruled out.
Post exposure (non-immune personnel)	Remove from workplace from the 7th through 21st day after exposure and/or 5 days after rash appears.
Scarlet	Remove from direct patient contact until treated.
Staphylococcus aureus (skin lesions)	Remove from direct patient contact until lesions have resolved. (Also see text and recommendations F.1, page A-7 of Attachment.)
Tuberculous	Also see text and recommendations G, page A 9 of Attachment.)
Active pulmonary or laryngeal tuberculosis	Remove from workplace until effective therapy has been instituted and sputum cultures are negative.
Influenza	No work restrictions. Rule out active disease and consider TBE prophylaxis.
Upper respiratory infections	It is preferred that persons with acute respiratory infections not provide patient care. Supervisory discretion is advised as staffing limitations and severity of symptoms may affect this decision. Prevent contact with patients who are at increased risk for complications from a respiratory infection (i.e., immunocompromised, underlying respiratory disease). (Also see text and recommendations E, page A-11 of

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Attachment.)

Varicella (chickenpox) (Also see text and recommendation D.2.)

	page A 6 of Attachment 1
Active	Remove from workplace until all lesions are dry and crusted.
Eye exposure (non-immune personnel)	Relieve from workplace from the 10th through the 21st day after exposure or 14 days if no lesions occur, until all lesions are dry and crusted.
Varicella zoster	Also see text and recommendations D 1, page A 6 of Attachment 1
active (localized)	Use of appropriate barrier desirable; personnel should not care for infants or immunocompromised patients until lesions are dry and crusted.
Disseminated	Remove from workplace until lesions are dry and crusted.
Eye exposure (non-immune personnel)	Susceptible employees who have had close contact with an infectious person should be relieved from direct patient contact from the 10th through the 21st day after exposure or 14 days if no lesions occur, until all lesions are dry and crusted. (Also see D 2, page A-5 of Attachment for consideration of this issue in long term care facilities.)

OWB Search: Office of Administrative Information Dec 15, 1998

REFERENCES

1. Williams RW. CDC Guidelines for Infection Control in Hospital Personnel, 1983.
2. Centers for Disease Control. Protection against Virus Hepatitis, Recommendation of the Immunization Practices Advisory Committee (ACIP). MMWR February 9, 1989; 38 (RR-2):1-4.
3. Centers for Disease Control. Recommendations for prevention of transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. MMWR 1991;40:RR-11:1-9.
4. Hadler SC, Soley LD, Acree KL, et al. An outbreak of hepatitis B in a dental practice. Ann Intern Med 1981;95:133-8.