SUBJECT: EMPLOYEE HEALTH & COMMUNICABLE DISEASE

PURPOSE: Health care workers may be at greater risk of exposure to communicable diseases and may transmit pathogenic organisms to the hospitalized patient. Co-workers employed at CIH who have direct or indirect contact with patients shall be free from symptoms indicating the presence of infectious disease.

POLICY:
A. New employees shall be seen by Employee Health for a post offer exam and testing. See Policy HS.2.1.4- “Job Placement Health Assessment”. All job applicants shall receive a Two step tuberculosis skin test (Mantoux) unless they have had a previous positive test, in which case they will receive a baseline chest x-ray.

B. Co-workers will be required to have a physical exam every four years. Specific exams and/or testing may be required relative to employee exposures in the worksite. Health promotion activities and testing shall be developed based upon trending of work-related injuries/illnesses and medical data derived from the health insurance carrier and health assessments completed by coworkers.

C. Coworkers will report to or be referred to Employee Health for work and non-work related illnesses. All work related illnesses are documented in the workers compensation file and on the OSHA log if illness is reportable.

PROCEDURE
A. Employees with boils, infected wounds, rashes, open sores, respiratory infections, influenza or influenza type diseases (diarrhea) or the herpes virus (cold sores) shall report to Employee Health for evaluation. The employee may be reassigned to another area or sent home depending on the estimated risk to patients and other employees.
   1. Coworkers with Herpes Zoster (Chicken Pox) can have no patient contact.
   2. Coworkers with Herpes Simplex (genital or oral cold sores) in vesicular stage cannot care for immuno-suppressed patients, pregnant patients, infants, or children with eczema or burns.
   3. Coworkers with Herpetic Whitlow cannot have patient contact until the lesion is completely healed.

B. Employee Illness
   1. It is the responsibility of an employee to notify the worksite according to departmental procedure when he or she is unable to report for work as scheduled.
2. When unable to work, the employee will report to the supervisor the reason for the absence. The supervisor will inform Employee Health of absences due to an infection or communicable disease, using the form provided.

3. Those employees allowed to return to work before complete resolution of an infectious process must report to Employee Health on a regular basis to evaluate the progress of recovery.

C. Coworkers who have family members with a communicable disease must inform Employee Health. Those who have patient contact and have been exposed to one of the following diseases and are not immune will not be able to work with patients:

1. Rubella- approximately 16-18 days
2. Mumps- approximately 18 days
3. Chicken pox- approximately 11-13 days after exposure
4. In cases of communicable diseases not covered by the above, consultation with the Epidemiologist and/or personal physician must be obtained to establish when employee may return to work.

D. Exposure to Communicable Disease or parenteral exposure to blood and body fluid at work: A variance report must be documented on the day of the incident and a copy sent directly to Patient Safety.

1. Meningococcal Meningitis (without proper isolation technique):
   The risk of secondary cases to staff members is very low. Coworkers having close contact with oral secretions such as through mouth to mouth resuscitation should receive prophylactic antibiotic. Employee Health will investigate each case within 24 hours and refer those employees considered at risk to their personal physician. The hospital will supply prophylactic antibiotics.

2. Hepatitis:
   Exposure to hepatitis occurs through needle sticks, eye splashes, mucous membrane or open wound contact with patients body fluids and close contact with a hepatitis patient without proper isolation techniques. Gamma-globulin is suggested in the following cases for employees not vaccinated with the first dose of Hepatitis B vaccine.
   a. If the patient source of needle, serum, etc. is unknown.
   b. If the patient history is suggestive of hepatitis.
   c. If the personal physician recommends.

3. Active Tuberculosis (without proper isolation technique):
   Those employees who have not had a Mantoux TB skin test within the past three- (3) months will be retested, then have it repeated in 3 months. Those employees converting to positive will be sent to their personal physician or the Company Physician for evaluation. CIH will provide medication of the employee’s physician deems it necessary. See Infection Control Policy- “TB exposure” Protocol.
4. Blood and/or body fluid exposure:
   If a health care worker has a parenteral (e.g. needle stick or cut) or mucous membrane (e.g. splash to the eye or mouth) exposure to blood or body fluids the co-worker should go to the Emergency Department where the most recent CDC guidelines will be followed. See Health and Safety Policy- “Blood Borne Pathogen Exposure Control Plan”.

5. Measles, mumps, chicken pox, etc.:
   Staff members whose immune status is unknown to these diseases must remember to follow the proper isolation techniques. Those employees having significant exposure without proper technique must report to Employee Health. See Part C of this policy.

6. Scabies:
   Exposure occurs through close body contact with an infected individual. Those staff members having close contact with an infected individual should be treated. Patients that have been exposed by staff members should also be treated. Any employees having scabies will be sent home for treatment. Any household contacts must be treated as well. CIH will supply the medication used for treatment of staff members or patients exposed at the hospital.

7. For those diseases not covered in this policy, refer to Employee Health for consultation with the Epidemiologist and/or your physician.

E. Guidelines for Pregnant Employees:
   Pregnant employees should restrict their interactions with certain patients, should comply with the following recommendations, and should check with their individual physician about work related recommendations:
   1. Rubella:
      a. Immune- Contact isolation for Congenital Rubella.
         - Droplet isolation for acute infection
      b. Non-immune- exclude from care
   2. Measles – Airborne isolation
   3. Mumps – Droplet isolation
   4. Varicella – Zoster Chicken pox – Airborne and Contact isolation
   5. Polio virus-
      a. Immune- standard precautions
      b. Non-immune- exclude from care
   6. CMV and Herpes- Standard Precautions exclusion from care is not strictly necessary. Adherence to proper isolation procedure is necessary. Those women working in the nursery may wish to have a CMV titer drawn and request transfer to an area of lower risk if sero-negative.
   7. Coxsackie and echo virus- contact precautions in early pregnancy with exclusion during the third trimester.
   8. Hepatitis- standard precautions in early pregnancy with exclusion during the second and third trimester.
   9. Influenza- exclude from care
   10. Toxoplasmosis- exclusion not necessary
11. Pulmonary TB - Airborne precautions

F. Immunizations
1. Influenza vaccine shall be offered to staff members each year at no cost.
2. Measles, mumps, and rubella vaccination - documentation of 2 doses is required for new employees born after January 1, 1957. For those employees who cannot show documentation, the vaccination is provided free of charge.
3. Tetanus booster - provided for employees injured on the job when prescribed by the Company Doctor.
4. Hepatitis B vaccination is offered to employees in high-risk areas at no cost.

Originated By: Infection Control
Effective Date: March 1991

Chief Executive Officer

Quality Director
Revised: February 1993
Revised: July 1998
Revised: July 2001
Revised: February 2004
Revised: July 2004
Reviewed: October 2004
Reviewed: February 2010
Revised: March 2015

Ref: CDC Guideline for Infection Control in Health Care Personnel, 1998