Guideline

Health Care Workers with Infectious Diseases

1. Purpose

The early detection and reporting of infectious diseases in Healthcare Workers (HCW) is important in the control of hospital acquired (nosocomial) infections. These requirements are particularly important for personnel caring for newborns, obstetric patients, and immunocompromised patients.

2. Definitions

Healthcare Personnel refers to all paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials including body substances, contaminated medical supplies and equipment, contaminated environmental services, or contaminated air.

Standard Precautions are designed to ensure that work practices are in place to protect all patients and staff from potentially infectious blood and body substances regardless of their diagnosis or infection status. Based on the assumption that all blood and body fluids are potentially infectious, these guidelines should be used as a first line approach to infection prevention and control. Applying standard precautions also reduces transmission from an infected HCW to their susceptible patients and work colleagues.

Infection is **t**he growth of microorganisms in tissues of a host, with or without detectable signs of disease.

Immunocompromised refers to people with suppressed immunity such as those with Human Immunodeficiency Virus (HIV) infection, leukaemia, lymphoma, malignancy or are immunosuppressed as a result of therapy with corticosteroids or radiation.

3. Responsibilities

It is the responsibility of **all medical, nursing, allied health and support services staff** (ISS) staff to familiarise themselves with this guideline and seek appropriate medical advice for diagnosis of suspected infections.

All Health Care Workers (HCWs) have a responsibility to follow medical advice and treatment of any infection, to practise a high standard of personal hygiene, and to follow Infection Prevention and Control principles.

HCWs have a duty of care to advise their manager of any infectious disease diagnosed.

HCW's laboratory results will always be treated in the strictest confidence and in accordance with the hospital privacy policy: Personal Information Privacy Policy and Personal Information Privacy Guideline.

Staff will receive paid sick leave in accordance with their award entitlements.

Staff may obtain confidential advice from Infection Prevention and Control if they are diagnosed with a transmissible infection not included in the list below or if they require further information regarding any of the conditions discussed.

4. Guideline

The decision to redeploy a staff member from a specific area must be made on the basis of individual assessment of the staff member's clinical condition, role and the area involved. Consultation may be sought from the Infection Prevention and Control Department, or an Infectious Diseases Physician.

See appendix 1 for the summary of suggested work restrictions for Healthcare Personnel exposed to or infected with an infectious disease.

5. Evaluation, monitoring and reporting of compliance to this guideline

- Healthcare Associated Infection Surveillance
- Quality and Safety Report.

6. References

1. American Academy of Paediatrics, Committee on Infectious Diseases. 2012 Red Book: Report of the Committee on Infectious Diseases. 29th Ed. Elk Grove Village, Ill. USA.

2. Department of Health Blue Book- Guidelines for the control of infectious diseases. http://ideas.health.vic.gov.au/bluebook.asp . Updated 18 September 2009.
3. National Health and Medical Research Council, 2013, The Australian Immunisation Handbook 10th Edition.
4. NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare. 2010
5. The Women's policies, guidelines and procedures related to:
    - Health Care Worker Pregnant - Infectious Diseases Risks and Exposures
    - Chickenpox (Varicella) and Shingles (Herpes Zoster) Exposure.

7. Legislation/Regulations related to this guideline

Not applicable.

8. Appendices

Appendix 1 - Summary of suggested work restrictions for Healthcare Personnel Exposed to or Infected with an Infectious Disease.

Appendix 1

Summary of Suggested Work Restrictions for Healthcare Personnel Exposed to or Infected with an Infectious Disease

the women's
the royal women's hospital

Disease/Infection	Work Restriction	Comments
Conjunctivitis	Restrict from patient contact and contact with the patient's environment, until symptoms have resolved.	
Cytomegalovirus	Generally no restriction. Pregnant women should be aware of the risks of acquiring CMV and measures to reduce transmission.	With appropriate standard precautions staff are not at increased risk of acquiring or transmitting CMV.
Diphtheria	Exclude from duty until antimicrobial therapy completed (usually 2 weeks) and two negative swabs obtained 1st swab not less than 24 hrs after finishing antibiotics and 2nd 48 hrs later.	Contacts to have nose and throat swabs collected. Carriers treated with antibiotics. Staff exclusion to be determined after Infectious Diseases consultation
Enterovirus (e.g. Hand, foot and mouth disease)	Restrict from care of infants, neonates and immunocompromised patients until symptoms resolve	Avoid piercing blisters as fluid within is infectious.
Epstein-Barr Virus (EBV; Infectious Mononucleosis) Glandular Fever	No work restriction however HCW with active EBV should not care for patients receiving organ transplants including bone marrow	Standard Precautions
Gastroenteritis Acute Stage (diarrhoea with, or without other symptoms) **Salmonella typhi**	Restrict from patient contact and contact with the patients environment, and food handling until symptoms resolve. Those with patient care and food handling responsibilities infected with Salmonella typhi should be redeployed until their symptoms resolve and have 3 negative stool cultures collected over 3 consecutive weeks, the 1st collected 48 hours after antibiotic therapy has ceased .	HCW with viral gastroenteritis must not work come to work until 48 hrs after symptoms have ceased
Hepatitis A	Restrict from patient contact, contact with the patient's environment, or food handling, until 7 days after onset of jaundice or illness.	Standard Precautions
Hepatitis B Personnel with acute or chronic Hepatitis B surface antigemia who do not perform exposure prone procedures. **Personnel with acute or chronic Hepatitis B e antigemia or PCR positivity, who perform exposure prone procedures**	No restrictions, but standard precautions should be strictly observed. Regular consultation with a physician is essential to monitor activity of infection. Do not perform exposure prone invasive procedures until reviewed by ID physician and until Hepatitis B DNA (by PCR) and/or Hepatitis B e antigen is negative.	Blood and Body fluid precautions should be observed until disappearance of HbsAg and appearance of anti-HBs has occurred.

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Disease/Infection	Work Restriction	Comments
Hepatitis C **Personnel with acute or chronic infection who do not perform exposure prone procedures.** **Personnel with acute or chronic infection who do perform exposure prone procedures e.g. surgeon, scrub nurse.**	No restrictions, but standard precautions should be strictly observed. Regular consultation with a physician is essential to monitor activity of infection. Should be evaluated by an infectious Diseases physician for possible redeployment while hep C RNA (by PCR) positive. HCW may be permitted to return to performing exposure prone procedures after successful treatment or following spontaneous clearance of HCV RNA	
Herpes Simplex Virus - Genital **Hands (herpetic whitlow)** **Orofacial (cold sore)**	No restriction Restrict from patient contact, and contact with the patients' environment until lesions have healed Excluded from contact with neonates and oncology until lesions dry. Strict hand hygiene Avoid touching mouth lesions.	
Human Immuno-deficiency Virus	Do not perform exposure prone invasive procedures.	
Influenza	If confirmed by GP or serology-exclude from duty for 5 days until symptoms resolve or 48 hrs after starting neuraminidase inhibitors e.g. Tamiflu or Relenza	Immunisation
Measles **Active disease** **Post exposure** (susceptible personnel)	Exclude from duty, until 5 days after the rash appears. Non immune (Measles IgG negative) staff should be excluded from duty until 7-18 days after last exposure unless they receive either MMR vaccine within 72 hours or immunoglobulin within 7 days of their first exposure.	MMR vaccine recommended for all HCW born during or after 1966 who do not have documented evidence of 2 doses of MMR vaccine
Meningococcus *(Neisseria meningitidis)* **Active disease** **Post exposure**	Exclude from duty until 24 hours after start of effective therapy that will clear nasopharyngeal carriage e.g. Rifampicin, Ceftriaxone or Ciprofloxacin. No work restriction. Prophylactic antibiotics may be indicated if HCW involved in exposure.	Chemoprophylaxis required following significant exposure e.g. HCW's who have performed mouth to mouth resuscitation, intubation or suction on a patient with meningococcal disease.

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Mumps **Active disease** **Post exposure (susceptible personnel**	Exclude from duty until 9 days after the onset of parotitis. Exclude from duty from 12th day after first exposure through 26th day after last exposure.	Immunisation does not provide protection following exposure but will provide protection for subsequent exposures.
Parvovirus	Staff with parvo virus infection are unlikely to be infectious once the rash is obvious. However they may transmit the virus during the prodromal phase when fever and respiratory symptoms may be more prominent. Symptomatic staff should not work with pregnant women, immunocompromised patients or those with chronic haemolytic anaemias (sickle cell anaemia)	
Pediculosis Capitus (Head Lice)	Restrict from patient contact until treated, using the 'conditioner and combing method or a registered insecticidal product	Contact Precautions.
Pertussis **Active disease** **Post exposure (asymptomatic personnel)**	Exclude from duty for 5 days after commencing antibiotics. Those who do not receive appropriate antimicrobial therapy should be excluded for 21 days after onset of symptoms. No restriction.	Chemoprophylaxis may be considered.
Polio	Exclude from duty until symptoms have resolved and faecal excretion ceased (typically up to 6 weeks).	Standard Precautions. Immunisation of contacts.
Rash (general)	Consult medical practitioner to obtain definitive diagnosis. Do not attend workplace	Standard Precautions
Rubella **Active disease** **Post exposure (susceptible personnel)**	Exclude from duty until 4 days after rash appears. Exclude from duty from 14th day after first exposure through 21st day after last exposure.	Droplet Precautions
Scabies	Exclude from duty until treated (usually two courses one week apart) until the day following the first application of appropriate treatment.	Contact precautions

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Staphylococcal skin infections	Exclude from duty until lesions have been treated and resolved. Those with recurrent infections may require assessment by an Infectious Diseases physician to determine carrier status and possible antibiotic therapy.	Standard Precautions
Group A Streptococcus (e.g. Pharyngitis or Impetigo)	Restrict from contact with patients and patients environment, or food handling until 24 hours after adequate treatment has commenced.	
Tuberculosis	Exclude from duty, until a medical certificate from treating doctor states HCW is not considered infectious.	BCG vaccination not routinely recommended. Consult ID physician for further information.
Varicella (Chickenpox)	Exclude from duty for a minimum of 5 days after onset of rash and as long as vesicular lesions are present. Staff may return to work once skin lesions have crusted.	
Exposure to varicella by non-immune staff	Confirm staff member is non-immune by performing VZV IgG and offer vaccination preferably within 3 days up to 5 days after exposure. Redeploy exposed non immune staff who refuse vaccination to a non-clinical area from day 8 to 21 after exposure.	Vaccination in the absence of serological results is acceptable following exposure to non immune HCW.
Zoster (shingles)	Lesions must be adequately covered for HCW to remain at work, however HCW cannot care for high risk patients until lesions dry and crusted	
Respiratory Symptoms	Exclude from patient contact until no longer symptomatic	