

Health Care Workers with Infectious Diseases



1. Purpose

The early detection and reporting of infectious diseases in Healthcare Workers (HCWs) is important in the control of healthcare-associated infection. This requirement is important for protecting patients, visitors and other HCWs.

This guideline relates to the following RWH policies and guidelines:

[Infection Prevention and Control Policy](#)

[Infection Prevention: Standard and transmission-based precautions](#)

[Infectious Diseases Exposure Management](#)

[Staff immunisation guideline](#)

[Health Care Worker Pregnant - Infectious Diseases Risks and Exposures](#)

[Chickenpox \(Varicella\) and Shingles \(Herpes Zoster\) Exposure](#)

[Exposure Prone Procedures](#)

[Personal Information Privacy Policy](#)

[Personal Information Privacy Guideline](#)

2. Definitions

Health Care Worker refers to all paid and unpaid persons working in the healthcare setting who have direct and indirect contact with patients and the potential for exposure to infectious materials including: body substances; contaminated medical supplies and equipment; contaminated environmental surfaces, or airborne contaminants.

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

Infection occurs following invasion of the host by an agent that, under favourable conditions, multiplies and produces effects that are injurious.

Immunocompromised refers to people with suppressed immunity such as acquired or inherited immunodeficiencies (e.g. HIV), myeloproliferative disorders (e.g. leukaemia, lymphoma), other malignancy or immunosuppression 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.

Staff who are unsure of their immunity status should avoid caring for patients with vaccine-preventable diseases and contact Infection Prevention and Control to complete an immunisation review.

All HCWs:

- Have a responsibility to follow medical advice and treatment of diagnosed infections, maintain personal hygiene, and to follow Infection Prevention and Control principles.
- Have a duty of care to advise their manager of any infectious disease diagnosed.

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- Results will be managed with the strictest confidence in accordance with the following policies and guidelines: [Personal Information Privacy Policy](#) and [Personal Information Privacy Guideline](#).
- Will receive paid sick leave in accordance with their award entitlements.
- 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 HCWs 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

Committee on Infectious Diseases. Red book: 2015 report of the Committee on Infectious Diseases. 30th ed. Elk Grove Village, Ill: American Academy of Paediatrics; 2015. 1151 p.

Department of Health and Human Services (DHHS). Disease information and advice [Internet]. DHHS: Victoria; 2020 [cited 2020 Jun 5]. Available from: <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice> Accessed May 2019.

National Health and Medical Research Council (NHMRC). The Australian Immunisation Handbook 10th ed. [Internet]. NHMRC; Australia: 2013 [cited 2020 Jun 5]. Available from: <https://immunisationhandbook.health.gov.au/>

National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Health Care (ACSQHC). Australian guidelines for the prevention and control of infection in healthcare [Internet]. Canberra: NHMRC; 2019 [cited 2019 June 7]. 362 p. Available from: <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1>

7. Legislation/Regulations related to this guideline

Charter of Human Rights and Responsibilities Act 2006 (Vic). Available from: [http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/54D73763EF9DCA36CA2571B6002428B0/\\$FILE/06-043a.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/54D73763EF9DCA36CA2571B6002428B0/$FILE/06-043a.pdf)

Public Health and Wellbeing Regulations 2009 (Vic). Available from: [http://www.legislation.vic.gov.au/domino/web_notes/ldms/pubstatbook.nsf/b05145073fa2a882ca256da4001bc4e7/a3b0a9845fd0980aca25768d002ab0b5/\\$file/09-178sr.pdf](http://www.legislation.vic.gov.au/domino/web_notes/ldms/pubstatbook.nsf/b05145073fa2a882ca256da4001bc4e7/a3b0a9845fd0980aca25768d002ab0b5/$file/09-178sr.pdf)

8. Appendices

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

Health Care Workers with Infectious Diseases



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



Disease/Infection	Work Restriction	Comments
Conjunctivitis		
	Restrict from contact with patients and their environment until symptoms have resolved.	
Cytomegalovirus (CMV)		
	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)		
(EBV; Infectious Mononucleosis) Glandular Fever	No work restrictions. 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/S.paratyphi	Restrict from duty until 48 hours after symptoms resolved. Those with patient care and food handling responsibilities infected with Salmonella typhi / Salmonella paratyphi 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 contact with patients and their environment or food handling until 7 days after onset of jaundice or illness.	
Hepatitis B		
Staff who do not perform Exposure Prone Procedures	No restrictions.	Regular consultation with a physician is essential to monitor activity of infection.
Staff who do perform Exposure Prone Procedures	Refer to the EPP guideline.	Exposure Prone Procedures

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



Disease/Infection	Work Restriction	Comments
Hepatitis C		
Staff who do not perform Exposure Prone Procedures	No restrictions.	Regular consultation with a physician is essential to monitor activity of infection.
Staff who do perform Exposure Prone Procedures	Refer to the EPP guideline.	Exposure Prone Procedures
Herpes Simplex Virus		
Orofacial (cold sore)	Restrict from contact with patients and their environment until lesions are dried or can be entirely covered by a "cold sore patch". Avoid touching lesions. Strict hand hygiene.	
Hands (herpetic whitlow)	Restrict from contact with patients and their environment until lesions are dried. Strict hand hygiene.	
Genital	No restriction.	
Human Immuno-deficiency Virus		
Staff who do not perform Exposure Prone Procedures	No restrictions.	Regular consultation with a physician is essential to monitor activity of infection.
Staff who do perform Exposure Prone Procedures	Refer to the Exposure Prone Procedures guideline.	Exposure Prone Procedures
Influenza		
GP / Lab confirmed	Restrict from duty until 5 days after symptom onset or 72 hours of anti-influenza medication.	Annual immunisation is available to all staff.
Measles		
Active disease	Exclude from duty, until 5 days after the rash appears.	MMR vaccine recommended for all HCW born during or after 1966 who do not have documented evidence of 2 doses of MMR vaccine or previous documented positive Measles IgG serology.
Post exposure	Non-immune (measles IgG negative) staff should be excluded from duty until 14 days after last exposure unless they receive either MMR vaccine within 72 hours or immunoglobulin within 7 days of their first exposure. Those receiving post-exposure immunoglobulin should monitor for signs of infection for up to 28 days following exposure.	

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Disease/Infection	Work Restriction	Comments
Meningococcus (<i>Neisseria meningitidis</i>)		
Active disease	Exclude from duty, until 24 hours after start of effective therapy that will clear nasopharyngeal carriage e.g. Rifampicin, Ceftriaxone or Ciprofloxacin.	
Post exposure	No work restriction. Prophylactic antibiotics may be indicated if HCW are considered to have been exposed.	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.
Mumps		
Active disease	Exclude from duty until 9 days after the onset of parotitis.	
Post exposure	HCWs who are not immune and do not have documented immunisation history should be excluded from duty from day 14 – 25 post exposure.	MMR vaccine recommended for all HCW born during or after 1966 who do not have documented evidence of 2 doses of MMR vaccine or previous documented positive Mumps IgG serology.
Parvovirus		
	Staff with parvo virus infection are unlikely to be infectious once the rash is obvious. The virus is likely to be transmitted during the prodromal phase when fever and respiratory symptoms are more prominent.	Staff who have worked in maternity services during this time should contact the IPC department on x2791.
Pediculosis Capitus		
(Head Lice)	Restrict from patient contact until treated, using the 'conditioner and combing method or a registered insecticidal product. Staff should complete a full course of treatment.	Contact Precautions.
Pertussis		
Active disease	Exclude from duty 5 days after commencing antibiotics. Those who do not receive appropriate antimicrobial therapy should be excluded for 21 days after onset of symptoms.	
Post exposure	No work restriction.	Chemoprophylaxis may be considered.
Polio		
	Exclude from duty until symptoms have resolved and faecal excretion ceased (typically up to 6	Immunisation of contacts.

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Disease/Infection	Work Restriction	Comments
Rash (general)		
	Consult medical practitioner to obtain definitive diagnosis. Exclude from duty.	Standard Precautions.
Respiratory Symptoms		
	Exclude from duty until no longer symptomatic. If associated with fevers, must be afebrile for 72hours and symptom free prior to return to work.	
Rubella		
Active disease	Exclude from duty 4 days after rash appears.	
Post exposure	HCWs who are not immune and do not have documented immunisation history should be excluded from duty from day 14 to day 21 post exposure.	MMR vaccine recommended for all HCWs born during or after 1966 who do not have documented evidence of 2 doses of MMR vaccine or previous documented positive Rubella IgG serology.
Scabies		
	Exclude from duty until the day following the first application of appropriate treatment. Staff should complete a full course of treatment - usually two courses one week apart.	
Staphylococcal skin infections		
	Exclude from duty until 24 hours after appropriate treatment has been completed. Lesions on exposed skin must be covered with watertight dressing. Those with recurrent infections may require assessment by an Infectious Diseases physician to determine carrier status and possible antibiotic therapy.	Staff must be able to perform hand hygiene to work.
Group A Streptococcus		
(e.g. Pharyngitis or Impetigo)	Restrict from contact with patients and their 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 in Australia. Consult ID physician for further information.

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



Disease/Infection	Work Restriction	Comments
Varicella (Chickenpox)		
●Active disease	Exclude from duty until all the lesions are dry and crusted over.	
●Post exposure	<p>HCWs who are not immune and do not have documented immunisation history should be excluded from duty from day 10 – 21 post exposure.</p> <p>HCWs who receive Zoster Immunoglobulin (ZIG) or Varicella immunisation within 5 days post exposure, may continue to work, but MUST report any rash that occurs within 6 weeks and avoid patient contact until varicella is excluded.</p>	<p>A “significant exposure is face to face contact for 5 minutes or in the same room for 1 hour.</p> <p>HCW with unknown or negative Varicella IgG should be vaccinated, preferably within 3 days, but can be up to 5 days post exposure.</p> <p>ZIG may be offered to pregnant HCWs who have had a significant exposure in consultation with the Infectious Diseases team.</p>
Zoster		
(Shingles)	Exclude from duty until all the lesions are crusted over.	