

CCHMC Infection Control & Prevention Program	<i>Policy Number</i>	IC-5.2
Healthcare Worker Restrictions Due To Illness Guidelines	<i>Effective Date</i>	12/6/2016
	<i>Page</i>	1 of 4

1.0 PURPOSE

To create a work environment where employees are encouraged to report conditions or illnesses that are potentially contagious in order to minimize the risk that staff will transmit an infectious disease to a patient, visitor, or other staff member. These guidelines place additional restrictions on direct care providers because their duties require face-to-face patient contact. However, any highly contagious condition could restrict any employee from their duties.

2.0 POLICY

CCHMC expects all individuals to understand and practice *Standard Precautions* (see IC-1.2) as a part of their routine duties. These practices will minimize the likelihood of acquiring a contagious illness in the workplace. It is also recognized that employees may become ill from infectious agents that we encounter at home or in the community. Individuals who may transmit infectious agents must not work. To allow for these circumstances, employees are considered for a reduction or exemption from recorded "occurrence of absence" in accordance with Personnel Policy WE-01.

3.0 DEFINITIONS

Occurrence - Absence

- 3.1 Under Personnel Policy WE-01, individuals will have one (1) "occurrence of absence" recorded if they miss three consecutive calendar days.
- 3.2 If absence beyond 72 hours (3 consecutive calendar days) is due to a continuing or recurring contagious condition, employees may request review by the Director of Infection Control for consideration of a reduction or exemption of recorded "occurrence of absence".
- 3.3 An occurrence will be recorded if an individual is sent home by their manager, Employee Health, or Infection Control because of an infectious condition.
- 3.4 In the event of a widespread community outbreak of an infectious disease, exemption of an occurrence may be considered in healthcare workers with an illness associated with the outbreak.
- 3.5 Individuals with acute infectious illnesses or conditions that prevent them from practicing *Standard Precautions* (see IC-1.2) should not work and must notify their manager/supervisor in keeping with departmental policy. Managers may assist such individuals with temporary alternative job assignments if appropriate and available.
- 3.6 Healthcare workers who are not ill but are absent from work because of exposure to a communicable disease (e.g., measles, pertussis, TB, varicella) that has resulted in furlough by Infection Control, may request that the absence be considered for a reduction or exemption from any recorded "occurrence of absence." These individuals must notify their managers/supervisors as soon as the condition is recognized. These individuals must file a "Request for Reduction or Exemption from Recorded Occurrence of Absence" with the Director of Infection Control within seven (7) calendar days of the last day of the absence.

4.0 IMPLEMENTATION

Reduction or Exemption of Occurrence of Absence

- 4.1 To be considered, employee must file a "Request for Reduction or Exemption from Recorded Occurrence of Absence" (see Appendix A) with the Director of Infection Control within seven (7) calendar days of the last date of absence. Incomplete, illegible, and late submissions will not be considered. Laboratory evidence of the specific disease may be requested. PTO, EIB, or FML rules may be applicable for an absence and should be discussed with the manager/supervisor.
- 4.2 A "doctor's excuse" does not result in a reduction or exemption from a recorded "occurrence of absence." Absences are still accrued as in Personnel Policy WE-01. A note from a treating physician can provide corroborating evidence for the reason for an absence, but it is not sufficient to justify a reduction or exemption.
- 4.3 The Director of Infection Control will review all requests and notify the employee and the employee's manager by e-mail whether or not an "occurrence of absence" has been reduced or exempted (see Appendix A).
- 4.4 A log of all requests and decisions made is maintained by Infection Control and shared with Employee Health.

CCHMC Infection Control & Prevention Program	<i>Policy Number</i>	IC-5.2
Healthcare Worker Restrictions Due To Illness Guidelines	<i>Effective Date</i>	12/6/2016
	<i>Page</i>	2 of 4

The following table serves as a **GUIDELINE** to help individuals and their managers or supervisors minimize risks of infection transmission in the health care setting.

Note: Reduction or Exemption from recorded “occurrences of absence” requires review and approval by the Director of Infection Control.

<i>Illness/Condition</i>	<i>Work Restriction</i>	<i>Duration/Comment</i>
Casts or bandages that prevent effective hand washing	No direct patient contact.	Until effective hand hygiene can be established.
Conjunctivitis - non-allergic; with uncontrolled drainage watery, itchy eyes are most often allergy related)	No direct patient contact.	Until discharge ceases.
Dermatitis , hand (moderate to severe)	No direct patient contact.	Until effective hand hygiene can be established.
Diarrhea Acute infectious gastroenteritis (for bloody diarrhea, evaluation and culture are recommended) Convalescent from culture confirmed Salmonella, Shigella, Yersinia, Campylobacter, Giardia or E. coli 0157:H7.	No direct patient contact, no food handling--be considerate of co-workers. MUST be cleared by Employee Health to work in any clinical area. No high-risk patient care (NICU, PICU, CICU, Hem/Onc, BMT, solid organ transplant). NOTIFY Infection Control.	Individuals should stay home until acute symptoms resolve. When returning to work ALL individuals must practice good hand hygiene. MUST be cleared by Employee Health (State of Ohio Health Department regulations may apply).
Enteroviral infections (febrile illness, seasonal, recognized by epidemiologic link to confirmed case)	No high-risk patient care (NICU, PICU, CICU, Hem/Onc, BMT or solid organ transplant).	Until symptoms resolve. Good hand hygiene is essential upon return to work.
Hepatitis A virus infection Laboratory-confirmed or epidemiologic link to confirmed case	No direct patient contact, no food handling and no childcare. Must NOTIFY Infection Control.	Until seven (7) days after onset of jaundice. MUST be cleared by Employee Health.
Herpes simplex virus infections Cold sores/fever blisters (for recurrent disease, individuals are encouraged to talk with their primary care provider about antiviral prophylaxis) Herpetic whitlow (herpes simplex infection involving fingers)	No high-risk patient care (NICU, other infants < 2 months of age, patients with widespread dermatitis, immunocompromised patients). No direct patient contact.	Until crusted. Until lesions heal.
Impetigo (superficial skin infections with <i>Staphylococcus aureus</i> or <i>Streptococcus pyogenes</i>) See also Skin Lesions	No direct patient contact; no Operating Room duty.	Until 24 hours effective treatment; NO O.R. duty until lesions resolved.
Infectious mononucleosis	No restrictions.	
Lice (Pediculosis)	No direct patient contact.	Until effectively treated, generally until first application of pediculicide; for extensive disease, consult with Employee Health prior to return to work.
Measles (Rubeola)	EXCLUDED from duty ; must NOTIFY Infection Control.	Until 4 days after rash appears.
Exposure (susceptible individuals only)	EXCLUDED from duty ; must NOTIFY Infection Control.	Will be furloughed from 5 th to 21 st day after exposure.

CCHMC Infection Control & Prevention Program	<i>Policy Number</i>	IC-5.2
Healthcare Worker Restrictions Due To Illness Guidelines	<i>Effective Date</i>	12/6/2016
	<i>Page</i>	3 of 4

Illness/Condition	Work Restriction	Duration/Comment
<p>Mumps</p> <p>Exposure (susceptible individuals only)</p>	<p>EXCLUDED from duty; must NOTIFY Infection Control.</p> <p>EXCLUDED from duty; must NOTIFY Infection Control.</p>	<p>Until five (5) days after onset of parotid swelling.</p> <p>Will be furloughed from 12th to 26th day after last exposure.</p>
<p>Pertussis (actively ill with cough, post-tussive emesis, or other signs of whooping cough)</p> <p>Exposure history (symptomatic; runny nose, cough occurring in the incubation period)</p> <p>Exposure history (asymptomatic and/or Tdap immunized)</p>	<p>EXCLUDED from duty; must NOTIFY Infection Control.</p> <p>EXCLUDED from duty; must NOTIFY Infection Control.</p> <p>No restrictions; must NOTIFY Infection Control of exposure and any symptoms that subsequently develop.</p>	<p>Until 6th day after effective therapy started or through 3rd week of paroxysmal stage.</p> <p>Will be furloughed until 6th day after effective therapy started.</p> <p>Regardless of immunization status, individuals who become symptomatic within the incubation period of 6 to 21 days following exposure must notify Infection Control; diagnostic testing may be indicated; furlough from duty may occur.</p> <p>Antibiotic prophylaxis is recommended for health care workers that have not been Tdap immunized.</p>
<p>Respiratory illness - acute (individuals are generally most contagious in the first few days of an acute respiratory illness)</p>	<p>Restrict from high-risk direct patient care, especially NICU and BMT; caution in PICU, CICU.</p>	<p>Until acute symptoms resolve (usually 2 to 3 days); an isolation mask and good hand hygiene are required for any symptomatic individual, regardless of care areas to which they are assigned.</p>
<p>Ringworm (involving hands and forearms)</p>	<p>No direct patient care.</p>	<p>Until effective treatment initiated and adequate hand hygiene can be accomplished.</p>
<p>Scabies</p>	<p>No direct patient care.</p>	<p>Until effectively treated (i.e., one application of scabicide and cleared by Employee Health or Infection Control).</p>
<p>Skin rashes suspicious for an infectious agent (e.g., measles, rubella, varicella, enterovirus)</p>	<p>No direct or indirect patient care. Individuals with febrile rashes should see primary care provider.</p>	<p>Until no longer considered contagious. MUST be cleared by Employee Health and NOTIFY Infection Control.</p>
<p>Skin lesions</p> <ul style="list-style-type: none"> Open or draining lesions (e.g., burns or poison ivy) Active staphylococcal infections, ORSA/MRSA in particular (e.g., cellulitis, furunculosis, abscesses) Recurrent staphylococcal infections, ORSA/MRSA in particular. Staphylococcal carrier state, either sensitive or resistant. 	<p>No direct patient care.</p> <p>No direct or indirect patient care, no O.R. duty, no food handling, no child care contacts. Culture confirmation recommended.</p> <p>No direct or indirect patient care, or childcare and no food handling while lesions are active, as above.</p> <p>No restrictions (see comment).</p>	<p>Unless lesions are easily covered and adequate hand hygiene can be accomplished.</p> <p>Until lesions are no longer draining or otherwise active, any resolving lesions can be easily covered, and adequate hand hygiene can be accomplished.</p> <p>Health care workers must consult Employee Health. Culture confirmed recurrences may be considered for exemption; use <u>IC-5.2-Appendix A</u> to report each event).</p> <p>Infection Control may restrict work activities if health care worker is linked epidemiologically to transmission; decolonization may be attempted.</p>

CCHMC Infection Control & Prevention Program	<i>Policy Number</i>	IC-5.2
Healthcare Worker Restrictions Due To Illness Guidelines	<i>Effective Date</i>	12/6/2016
	<i>Page</i>	4 of 4

<i>Illness/Condition</i>	<i>Work Restriction</i>	<i>Duration/Comment</i>
<ul style="list-style-type: none"> Streptococcal skin infection, cellulitis or abscess 	No direct patient contact and no O.R. duty.	Until 24 hours effective treatment and lesions are no longer draining or otherwise active; NO O.R. duty until lesions resolved.
Tuberculosis (TB) <ul style="list-style-type: none"> Active TB disease PPD skin test converter, only* Exposure to an active case of TB, including known community exposures 	<p>EXCLUDED from duty; must NOTIFY Infection Control.</p> <p>No restrictions.</p> <p>No restrictions; must NOTIFY Infection Control.</p>	<p>Until proven non-infectious and cleared by Employee Health and Infection Control.</p> <p>* Skin test status MUST be verified by Employee Health.</p> <p>REPORT exposure to Employee Health as part of TB screening program.</p>
Varicella zoster virus (VZV) infections <ul style="list-style-type: none"> Chicken pox (varicella) Shingles (herpes zoster), localized in a healthy individual Shingles (herpes zoster), localized or disseminated in an immunosuppressed individual Exposure to individual with a VZV infection (susceptible individuals only) 	<p>EXCLUDED from duty; must NOTIFY Infection Control.</p> <p>If lesions can be adequately covered, may work but NOT in an inpatient area and NOT with high-risk outpatients (e.g., Hem/Onc and BMT patients, neonates). NOTIFY Infection Control.</p> <p>EXCLUDED from duty; must NOTIFY Infection Control.</p> <p>EXCLUDED from duty; must NOTIFY Infection Control.</p>	<p>Until lesions dry and crusted; MUST report to Employee Health before duty.</p> <p>Until lesions dry and crusted; MUST report to Employee Health before duty.</p> <p>Until lesions dry and crusted; MUST report to Employee Health before returning to duty.</p> <p>Furloughed from 8th to 21st day post exposure (day 28 if VZIG administered).</p>

5.0 OVERSIGHT

The Infection Control Program will periodically review and update this guideline as appropriate. Guidelines will be reviewed at least every three (3) years. Questions regarding this guideline shall be directed to, and authority over this guideline shall vest with, the Infection Control Officer.

6.0 REFERENCES

- 6.1 CDC. Guidelines for Infection Control in Health Care Personnel, 1997. Recommendations of the Hospital Infection Control Practices Advisory Committee (HICPAC).
- 6.2 APIC Text of Infection Control and Epidemiology, 4th ed. Chapter 100 Occupational Health. Author: Sebazzo, Sue, RN, MBA, CIC. Publisher: APIC 2014

7.0 APPENDICES (follow on subsequent pages)

Appendix A – Request for Reduction or Exemption from Recorded Occurrence of Absence

REVISION HISTORY	
Original Date	12/21/2005
Revision Date	12/06/2016

CCHMC Infection Control & Prevention Program	<i>Policy Number</i>	IC-5.2
Appendix A – Request Form for Reduction or Exemption from Recorded Occurrence of Absence	<i>Effective Date</i>	12/20/2014
	<i>Page</i>	1 of 1

Request for Reduction or Exemption from Recorded Occurrence of Absence

IMPORTANT: Refer to policy IC-5.2 for eligible conditions. A doctor's excuse DOES NOT exempt employees from recorded absences. Employees must file a **COMPLETED** form with the Director of Infection Control (fax 636-7598) within seven (7) calendar days of the last date of absence to be considered for any reduction in the number of recorded absences for a given condition. **Late, illegible, or incomplete forms will NOT be considered.**

PLEASE PRINT LEGIBLE

Employee Name (PRINT): _____ *Employee Number:* _____

Employee Email (PRINT): _____ *Department/Unit (PRINT):* _____

Manager/Supervisor (PRINT): _____ *Manager/Supervisor email (PRINT):* _____

Date(s) of absence: _____

(1st – last dates of contiguous absences)

Indicate below the condition(s) for which you request consideration for reduced recorded "occurrences"

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Chickenpox or shingles | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Suspected measles or other contagious rash |
| <input type="checkbox"/> Influenza or influenza—like illness | <input type="checkbox"/> Condition preventing hand hygiene |
| <input type="checkbox"/> Gastroenteritis (vomiting/diarrhea) | <input type="checkbox"/> Specify: _____ |
| <input type="checkbox"/> Herpetic whitlow | <input type="checkbox"/> Orolabial herpes (cold sore) |
| <input type="checkbox"/> Other listed in policy (described below) | |

Employee Comments (please do not exceed this space)

FOR INFECTION CONTROL USE ONLY

Disposition:

- Not considered because Filed late –or– Form incomplete –or– Condition not applicable
- No occurrence
- One (1) occurrence applies

Director Infection Control or designee

Date

