



***El Paso - Ambulatory Clinic Policy and Procedure***

Title: <b>HEALTHCARE WORKERS WITH COMMUNICABLE DISEASES</b>	Policy Number: <b>EP 7.4</b>
Regulation Reference:	Effective Date: <b>5/2013</b>

**Policy Statement:**

It is the policy of Paul L. Foster School of Medicine to protect staff, faculty, residents, students, patients, and visitors from potential exposure to infectious diseases. Personnel with a communicable disease will be restricted from duty as outlined in Attachment A.

All non-employees of Paul L. Foster School of Medicine are responsible for obtaining the appropriate screening/treatment and documentation via their own personal health practitioner, when necessary.

**Scope and Distribution:**

This policy applies and will be distributed to all Paul L. Foster School of Medicine Clinics, also known as Texas Tech Physicians.

**Procedure:**

1. In the event of an employee has been exposed to a communicable disease in or out of the workplace setting:
  - a. It is the responsibility of the employee to report the conditions of the exposure to their supervisor immediately as outlined in Attachment A.
  - b. The department supervisor is responsible for ensuring that the Office of Occupational Health is notified.
2. In the event an employee needs to be restricted from duty:
  - a. It is the responsibility of the supervisor to notify Human Resources that the employee will be restricted from duty and for how long.
  - b. Prior to returning to work after recovering from a communicable disease the employee must present a "Return to Work" release to Human Resources.
3. In the event of an employee exposure to a communicable disease at work:
  - a. The supervisor will notify the Office of Occupational Health.
  - b. The supervisor will collect information on the immune status of all exposed employees as directed by the Office of Occupational Health.
  - c. The Office of Occupational Health will notify appropriate Clinical Department Administrators and the Associate Dean of Clinical Affairs of the exposure.
  - d. After data collection of the exposed employee's immune status, susceptible employees will be referred by the Office of Occupational Health for serum antibody testing, PPD, chest x-ray or referral as appropriate.
  - e. Exposed employees with no known immunity will be excluded from work until serum immune status is determined or as authorized, after an evaluation of the



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situation by the Associate Dean of Clinical Affairs and/or the appointed Infectious Disease Panel Expert.

- f. The Occupational Health Office will notify exposed employees and Clinical Department Administrators of the employee's serum immune status as soon as possible.
- g. Exposed employees with antibody tests indicating immunity will have no work restrictions.
- h. Exposed employees without serum immunity will be offered immunizations as appropriate and continued exclusion from work or work restrictions will be determined by the Infectious Disease Panel Expert.
- i. If an employee needs to be excluded from work as indicated in a-h above, the procedure noted in EP 7.4 #2 will be followed.

**REFERENCE**

- 1. *Guideline for infection control in health care personnel*, 1998 published in: [American Journal of Infection Control](#) (1998;26:289-354) and [Infection Control and Hospital Epidemiology](#) (1998; 19:407-63).
- 2. Thomason Hospital Infection Control Policy I-34, Employees with Infections



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**Attachment A to Policy 5.5**

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**SUMMARY OF SUGGESTED WORK RESTRICTIONS FOR HEALTHCARE PERSONNEL** EXPOSED TO OR INFECTED WITH INFECTIOUS DISEASES OF IMPORTANCE IN HEALTHCARE SETTINGS, IN THE ABSENCE OF STATE AND LOCAL REGULATIONS (MODIFIED FROM ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES RECOMMENDATION.)

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<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>
<b>Conjunctivitis</b>	Restrict from patient contact and contact with the patient's environment.	Until discharge ceases.
<b>Cytomegalovirus infections</b>	No restriction	
<b><u>Diarrheal diseases:</u></b>		
<b>Acute stage (diarrhea with other symptoms)</b>	Restrict from patient contact, contact with the patient's environment, or food handling.	Until symptoms resolve.
<b>Convalescent stage, <i>Salmonella</i> species</b>	Restrict from care of high-risk patients.	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures.
<b>Diphtheria</b>	Exclude from duty.	Until antimicrobial therapy completed and two cultures obtain $\geq$ 24 hours apart are negative.
<b>Enteroviral infections</b>	Restrict from care of infants, neonates, and immunocompromised patients and their environments.	Until symptoms resolve.

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<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>
<b>Hepatitis A</b>	Restrict from patient contact, contact with patients' environment, and food handling.	Until 7 days after onset of jaundice.
<b>Hepatitis B:</b>		
<b>Personnel with an acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedure</b>	No restriction*; refer to state regulations; standard precautions should always be observed.	
<b>Personnel with acute or chronic hepatitis B antigenemia who perform exposure-prone procedures</b>	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedures as well as skill and technique of worker, refer to state regulations	Until hepatitis B e antigen is negative
<b>Hepatitis C</b>	No recommendation	
<b><u>Herpes Simplex:</u></b>		
<b>Genital</b>	No restriction	
<b>Hands (herpetic whitlow)</b>	Restrict from patient contact and contact with the patient's environment	Until lesions heal
<b>Orofacial</b>	Evaluate for need to restrict from care of high-risk patients	



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<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>
<b>Human immunodeficiency Virus</b>	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of the worker, Standard Precautions should always be observed; refer to state regulations	
<b><u>Measles:</u></b>		
<b>Active</b>	Exclude from duty	Until 7 days after the rash appears
<b>Postexposure (susceptible personnel)</b>	Exclude from duties	From 5 <sup>th</sup> day after the first exposure through 21 <sup>st</sup> day after last exposure and/or 4 days after rash appears
<b>Meningococcal infections</b>	Exclude from duty	Until 24 hours after start of effective therapy
<b><u>Mumps:</u></b>		
<b>Active</b>	Exclude from duty	Until 9 days after onset of parotitis
<b>Post-exposure (susceptible personnel)</b>	Exclude from duty	From 12 <sup>th</sup> day after first exposure through 26 <sup>th</sup> day after last exposure or 9 days after onset of parotitis



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<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>
<b><u>Pediculosis</u></b>	Restrict from patient contact	Until treated and observed to be free of an adult and immature lice
<b><u>Pertussis:</u></b>		
<b>Active</b>	Exclude from duty.	From beginning of catarrhal stage through 3 <sup>rd</sup> wk after onset of paroxysms or until 5 days after start of effective antimicrobial therapy.
<b>Postexposure (symptomatic personnel)</b>	No restriction, prophylaxis recommended.	
<b>Post-exposure (symptomatic personnel)</b>	Exclude from duty.	Until 5 days after the start of effective antimicrobial therapy.
<b><u>Rubella:</u></b>		
<b>Active</b>	Exclude from duty.	Until 5 days after rash appears.
<b>Post-exposure (susceptible personnel)</b>	Exclude from duty.	From 7 <sup>th</sup> day after first exposure through 21 <sup>st</sup> day after last exposure.
<b>Scabies</b>	Restrict from patient contact	Until cleared by medical evaluation.
<b><u>Staphylococcus aureus infection:</u></b>		
<b>Active, draining skin lesions</b>	Restrict from patient care, contact with patient's environment, or food handling.	Until lesions have resolved.



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<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>
<b>Carrier state</b>	No restriction, unless personnel are epidemiologically linked to transmission of the organism .	
<b>Streptococcal Infection, Group A</b>	Restrict from patient care, contact with patient's environment, or food handling.	Until 24 hours after adequate treatment started.
<b><u>Tuberculosis:</u></b>		
<b>Active disease</b>	Exclude from duty.	Until proved noninfectious.
<b>PPD converter</b>	No restriction	
<b><u>Varicella:</u></b>		
<b>Active</b>	Exclude from duty.	Until all lesions dry and crust.
<b>Post exposure (susceptible personnel)</b>	Exclude from duty.	From 10 <sup>th</sup> day after first exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure.
<b><u>Zoster:</u></b>		
<b>Localized, in healthy person</b>	Cover lesions; restrict from care of high-risk patients <sup>+</sup>	Until all lesions dry and crust
<b>Generalized or localized in immunosuppressed person</b>	Restrict from patient contact	Until all lesions dry and crust
<b>Post exposure (Susceptible personnel)</b>	Restrict from patient contact	From 8 <sup>th</sup> day after first exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure or, if varicella occurs, until all sessions dry and crust.



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<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>
<b>Viral respiratory infection, acute febrile</b>	Consider excluding from the care of high-risk patients <sup>‡</sup> or contact with their environment during community outbreak of RSV and Influenza.	Until acute symptoms resolve.

**Abbreviations: RSV - respiratory syncytial; VZIG - varicell-zoster immune globulin**

\*Unless epidemiologically linked to transmission of infection

+Those susceptible to Varicella and who are at an increased risk of complications of Varicella, such as neonates and immune compromised persons of any age.

‡High-risk patients as defined by the Advisory committee on Immunization Practices for complications of influenza.

From: CDC: Guideline for Infection Control in Healthcare Personnel Health Guidelines, June 1998- Vol. 19, No 6.

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Signatory approval on file by: Michael J. Romano, MD Clinic Operations Committee Chairman, El Paso Associate Dean of Clinical Affairs, Paul L. Foster School of Medicine, El Paso	
Armando Meza, M.D. Infectious Disease Panel Expert, Paul L. Foster School of Medicine, El Paso	