

<b>Policy Title:</b> Employee Occupational Health Infection Control	
<b>Department:</b> Employee Health	
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### Policy

Huntsville Hospital System's mission is to provide a comprehensive employee occupational health program, to protect the employee, patient, and visitor from the spread of communicable diseases. In order to be assured that our mission is met, the following elements have been included in the program:

- Pre-employment screening
- Personnel health and safety education
- Immunization programs
- Protocols for surveillance and management of job related illness and exposures to infectious diseases
- Counseling services for personnel regarding infection risks relating to employment or special conditions
- Guidelines for work restriction because of infectious disease
- Maintenance of health records
- Physician services for employee acute illness

### The following established programs have been developed to assure the employees' protection:

- A. Job Placement - Comprehensive health history is taken to ensure that the prospective employee does not pose undue risk to themselves, other employees, patients and visitors which is reviewed by the Employee Health Physician. Confidential medical records are maintained in Employee Health Office.
- B. Pre-employment laboratory testing
  1. Hepatitis Bs Antibody
  2. Varicella Zoster Screening
  3. Rubella, Rubeola and Mumps Antibody
  4. T-Spot
- C. Immunization Program - This policy is to prevent and control the spread of infections to members of the community by protecting employees from contracting vaccine-preventable illnesses. Huntsville Hospital will provide at no cost to employees' vaccines for diseases for which the employee has no documented immunity as per the following:
  1. Hepatitis B vaccine - offered to employees not immune to Hepatitis B. See protocol for "Hepatitis B Vaccine Protocol"
  2. MMR vaccine - required if employees are not immune to rubeola, rubella or mumps. See protocol for "Measles, Mumps and Rubella Vaccination".
  3. Influenza vaccine - offered to all employees annually.
  4. Tetanus toxoid (with acellular pertussis) - offered to employees as needed.
  5. Varicella - Immunizations are required if employees are not immune to varicella. See protocol for "Varicella Vaccination Protocol".
  6. Meningococcal vaccine- offered to Microbiology workers only
- D. Blood and Body Fluid Exposure - CDC guidelines are the basis for this policy when an employee is exposed to potential bloodborne pathogens. See "Blood and Body Fluid Exposure Policy and Procedure" for details.

- E. Infections or conditions that *require* absence from work:
1. Skin infections where draining wounds are present. The employee may return to work when the drainage ceases. See below for specific restrictions.
  2. Respiratory tract infections including but not limited to
    - a. Group A Strep- Strep screening and treatment services available in Employee Occupational Health Office; the employee may return to work after 24 hours of treatment for Group A Strep
    - b. Pneumonia
    - c. Active Pulmonary TB - the employee may return to work when negative sputum for AFB or when released from physician.
    - d. Influenza
    - e. Mumps
    - f. Pertussis
  3. Active viral exanthems including but not limited to:
    - a. Varicella - Employees may return to work when lesions due to Varicella are dry and crusted.
    - b. Herpes Zoster - Employees with Zoster may work if the lesions may be covered and the employee can be restricted from care of high-risk patients.
    - c. Rubeola
    - d. Rubella
  4. Enteric infections with associated vomiting or diarrhea. The employee may return to work when the diarrhea or vomiting abates. (See Clostridium difficile guidelines below)
  5. Conjunctivitis: The employee may return to work when the drainage ceases.
  6. Scabies/Lice: The employee may return to work after 24 hours of effective treatment.
  7. Any condition suspected to be infectious or contagious as determined by Employee Health Physician/Infection Control until the employee is determined to be noninfectious. The Employee Health Office may be contacted if there is a question on work restrictions for illnesses.

**Infections or conditions with limited patient assignments:**

1. Herpes Simplex - restricted from care for immunosuppressed patients, pregnant patients or infants.
2. Herpes Zoster - Employees with Zoster may work if the lesions may be covered and the employee can be restricted from care of high-risk patients.
3. Poison Ivy/Contact Dermatitis - employees with contact dermatitis due to poison ivy/oak or other plants may be allowed to render patient care providing employee washes the affected body area to remove all plant oils and if the lesions are not draining. If the dermatitis becomes infected, the employee must be evaluated before returning to work.
4. Methicillin-Resistant Staph. Aureus - employees with an open lesion are restricted from work. All other employees are reviewed for restrictions. Any employee determined to be a carrier of infection is permitted to work during their treatment. All employees diagnosed with MRSA are required to be cleared by Employee Occupational Health Physician prior to return to work.
5. Hepatitis A- employees in direct patient care or food service are restricted from work. All employees diagnosed with Hepatitis A are required to be cleared by Employee Occupational Health Physician prior to return to work.
6. Clostridium difficile – Employees with active diarrheal stools resulting from Clostridium difficile infection are restricted from work until diarrheal symptoms are resolved. All employees diagnosed with Clostridium difficile Infection are required to be cleared by Employee Health Occupational Physician prior to return to work.

- F. Infected Health Care Worker Act - Criteria from the "Alabama Department of Public Health" for employees who are HIV positive or Hepatitis B antigen positive is followed.
- G. Health and Safety Education - provided during orientation and annually for all employees.
- H. Employee Occupational Health Physician Services - A physician is available at the Employee Health Office to address potentially infectious disease situations and implement work restrictions as needed. The employee health physician is not to replace the employee's personal physician for primary care.
- I. Follow-up For Exposure to Communicable Disease
  - 1. Infection Control Nurse identifies the infection and determines exposure to the employee.
  - 2. The Infection Control Nurse in conjunction with Head Nurse/Charge Nurse/Nurse Supervisor determines specific employees in which hospital departments and/or other persons who have been exposed.
  - 3. The Infection Control Nurse notifies the Employee Occupational Health Office of persons that were exposed. The Employee Occupational Health Office is responsible to follow-up with employee notifications, regarding the determination of exposure and need for follow up if appropriate.
  - 6. See individual exposure protocols for details.
    - Tuberculosis Control Plan
    - Meningococcal Exposure Protocol
    - Pertussis Exposure Protocol
    - Hepatitis A Exposure Protocol
    - Hepatitis B Exposure Protocol
    - Hepatitis C Exposure Protocol
    - Scabies Exposure Protocol
    - Varicella Exposure Protocol
    - SARS Exposure Protocol
    - Rabies Exposure Protocol

If a disease is NOT listed in the above list, monitoring and intervention will be handled on an individual basis.
- J. Surveillance of infections
  - Surveillance is done on many aspects of Employee Health to assure employee well being and to provide information of a possible outbreak of disease. Surveillance is done in the following areas:
    - 1. Employee Illness/Return to Work
      - Information, from office visits and Leave Support calls, is kept in a computerized database, analyzed monthly and reported to Infection Control Committee bimonthly. If an employee is absent from work greater than 3 days due to an illness, a physician's statement is required.
    - 2. Tuberculosis Skin Test Converters
      - This information is kept in a computerized database and analyzed monthly for departmental trends and this information is reported to the Infection Control Committee bimonthly.
    - 3. Employee Blood and Body Fluid Exposures
      - All blood and body fluid exposures are reported to the Employee Health Office and kept in a computerized database and analyzed monthly for trends. This information is reported to the Infection Control Committee.

## References

CDC: Guidelines for Infection Control in Healthcare Personnel, 1998