

VIRTUA

<u>MANUAL TITLE (S)</u> Infection Control		POLICY NAME Infectious Disease of an Employee		
MANUAL OWNER Infection Control Committee	DATE OF ISSUE 2/24/2023	DATE OF LAST REVIEW 2/24/2023	DATE OF REVISION 2/24/2023	EFFECTIVE DATE 3/1/2023
REVIEW INTERVAL 36 months		REVIEW/APPROVE BY (Committees) Human Resource; Infection Control		
<u>THIS POLICY IS APPLICABLE TO:</u> Virtua - Memorial Hospital Burlington County, Inc Virtua - West Jersey Health System, Inc. Virtua Memorial Burlington - Psych Virtua Home Care at West Jersey Virtua Health Foundation, Inc. Virtua Our Lady of Lourdes Hospital Virtua Willingboro Hospital				

POLICY:

In order to protect the health of employees, patients and visitors, employees may not work with a known or suspected infectious or transmissible (communicable) process. A determination will be made on a case-by-case basis, if the employee may continue to work. This determination will be based on the communicability of the disease process as well as current regulatory requirements/recommendations.

Employee Health and Safety and Infection Control will utilize criteria established by the Centers for Disease Control (CDC), the State of New Jersey and Virtua Infection Control Committee to determine appropriate courses of action.

PROCEDURE FOR ALL EMPLOYEES:

- Any employee with a known or suspected communicable disease or process must notify their managers or supervisors.
- Department Managers suspecting an employee of having a communicable or infectious disease should remove the employee from the work schedule and refer them to their primary care provider (PCP).
- If the employee has any of the following communicable or infectious diseases, the manager must ensure the employee is referred to Employee Health and Safety:
 - Chickenpox
 - *C diff* infection
 - COVID-19
 - Head lice
 - Hepatitis A
 - Hepatitis B (acute)
 - Infection with a multi-drug resistant organism
 - Measles
 - MERS
 - Monkeypox
 - Mumps
 - Pertussis
 - Rubella
 - Salmonella
 - SARS
 - Scabies
 - Tuberculosis
 - Viral hemorrhagic fever, including Ebola

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- Employees out of work with a personal illness, involving an infectious process listed above must contact EHS for determination of fitness for duty, before returning to work. Information from the employee’s treating physician may be required.
- EHS may refer the employee for further evaluation as needed prior to clearing the employee to return to work. This may include telehealth visits, a referral to Virtua Occupational Health or to an infectious disease physician, as appropriate.
- EHS will notify the employee via email when they are cleared for work. The employee’s manager will be copied on the email.
- In the setting of a newly identified pathogen, epidemic or pandemic, additional processes for reporting illness (e.g. employee hotline) may be instituted.

Work Related Communicable Disease

- If the employee indicates that the infection was contracted from a **patient**, Infection Prevention and the department manager will determine whether the process was acquired by a work-related or external exposure.
- If the infectious process has been determined to be work related, the employee must complete an incident report and bring a copy to their Virtua Occupational Health appointment, scheduled by the Worker’s Comp Team, who will coordinate medical treatment. The worker’s compensation team will receive an electronic copy of the incident report. See *Work-Related Exposure* policy for further details.

PROCEDURE FOR EMPLOYEES POTENTIALLY EXPOSED TO A PATHOGEN OF CONCERN:

Respiratory Infections

- Any employee with symptoms which may be attributed to COVID-like illness (CLI) including any of the following symptoms must test for COVID-19 using a rapid antigen test (i.e., a home test) prior to reporting to work:
 - Fever > 100°F and/or chills without another known cause (i.e. urinary tract infection)
 - New onset cough
 - New onset sore throat
 - New onset sinus symptoms
- Employee will take two successive tests in two days if first test returns negative.

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- If first rapid test is negative, employee may report to work if not otherwise restricted by the provisions of this policy. However, employee must re-test 24 hours after the first negative test. If the re-test is also negative but symptoms persist, employee should consult their PCP. Employees working while symptomatic with respiratory symptoms that do not require them to be out of work per the guidelines on the attached chart in Appendix A must be masked at all times.
- If first rapid test is negative but employee has symptoms that require them to remain out of work per the guidelines on the attached chart in Appendix A, employee will call out sick and follow this policy's requirements to return to work. Employee must re-test 24 hours after the first negative test. If the re-test is also negative but symptoms persist, employee should consult their PCP. Employee may not return to work until the guidelines on the attached chart in Appendix A are met for return.
- If either first or second rapid test is positive, employee must call out sick and report their positive result using the on-line assessment tool available on the VINE. All positive tests must be reported.

Vaccine-Preventable Diseases

- Any employee who is exposed to the following vaccine-preventable diseases **outside** of work must report that exposure to their manager or supervisor. These diseases include:
 - Measles
 - Mumps
 - Rubella
 - Varicella (chickenpox)
- The manager/supervisor will notify Infection Prevention who will work with EHS and the Infection Control Officer to determine if the employee may return to work or will be told to remain off the work schedule for the duration of the disease's incubation period.

Emerging Pathogens and Pathogens associated with Epidemics/Pandemics

- Any employee who travels to a region currently affected by a disease identified below, must report that travel to their manager or supervisor prior to their return to work. Additional processes for reporting possible exposure (e.g. employee hotline) may be instituted.
 - SARS: traveled within the past 14 days to a region experiencing cases of SARS
 - MERS: traveled within the past 14 days to a region experiencing cases of MERS
 - Ebola: traveled within the past 21 days to a region experiencing cases of Ebola
 - Other emerging infectious disease as specified by the Infection Control Officer

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- In certain situations, employees may be asked to report future travel and provide information on destination, length of anticipated stay, and means of travel. The employee will be advised of the risks associated with their travel plans and counseled that they may be subject to quarantine upon their return.
- Determination of employee’s return to work status will be based upon the nature of the exposure, the specific pathogen of concern, and Virtua policy as informed by CDC guidance. Criteria guiding decisions around an employee’s return to work will be subject to change and will be based on the current situation.

EDUCATION:

- New hires
 - Will receive initial training at Connections, new employee orientation. New hires will be directed to review this policy on the VINE for the list of reportable conditions.
- Existing employees
 - Education will include information regarding the individual’s responsibility to report to their manager any known or suspected infectious or communicable process.
 - Colleagues will be directed to review this policy on the VINE for the list of reportable conditions.
 - This information will also be included as part of the Annual Mandatory Online Competencies (AMOC).

The attached table (Appendix A) is to be used when evaluating an employee's work restriction, if any, when they present with the listed disease or symptom(s).

The tables may be revised as new recommendations are received from CDC.

Clearance by an Infectious Disease practitioner may be required before return to work if an incident investigation indicates that the employee is linked to transmission of the organism to a patient.

References:

Bolyard et al. (1998). Guideline for infection control in health care personnel., American Journal of Infection Control, 26, 289-354.

CDC Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation (PUIs) for Ebola Virus Disease in U.S. Hospitals, last reviewed August 30, 2018

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CDC< Interim Infection Prevention and Control Recommendations for Hospitalized Patients with Middle East Respiratory Syndrome Coronavirus (MERS-CoV), last reviewed September 14, 2017

CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19

Johns Hopkins University, COVID-19 Dashboard, <https://coronavirus.jhu.edu/map.html>

APPENDIX A

Note: If annotated with “+” Employees MUST contact Employee Health and Safety prior to returning to work

Disease/ Process	May return to work using good hand hygiene and standard precautions
1. Nausea, vomiting and/or diarrhea	
C diff- Clostridium difficile	“+” When symptoms resolve - until then restrict from patient contact, contact with patient’s environment, or food handling.
Salmonella	“+” After two negative stool cultures
GI “flu” (viral gastroenteritis)	48 hours after symptoms cease
Noroviruses	48 hours after symptoms cease
Cryptosporidiosis	After diarrhea ceases
Campylobacter	After diarrhea ceases
E. coli 0157	After diarrhea ceases
Giardia	After diarrhea ceases
Shigella	After diarrhea ceases
2. Respiratory illness	
Tuberculosis-active	“+” Until documentation is received that the HCW is no longer infectious and clearance by Infection Control Officer
Cold or COVID-like illness without fever	Employee will take two successive rapid antigen (home) tests in two days if first test is negative. If first test is negative, employee may return to work if not otherwise restricted by the provisions of this policy. However, employee must-retest 24 hours after the first negative test.

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Respiratory symptoms with fever, influenza –like illness	Employee will take two successive rapid antigen (home) tests in two days if first test is negative. May not work until fever-free for 24 hours without the use of anti-fever medications. If positive, must follow return to work guidelines for COVID-19. Wear mask for 5 days upon return to work.* *this requirement is superceded by any mask mandate/requirement already in place
Influenza	May not work until fever-free for 24 hours without the use of anti-fever medications.
COVID-19*	If vaccinated, 6 days after onset of symptoms and/or positive test if afebrile and symptoms have improved. If unvaccinated, 8 days after onset of symptoms and/or positive test if afebrile and symptoms have improved. * must be cleared to return to work by the Employee Health and Safety RTW team until further notice
Pertussis	“+” 5 days after effective antibiotic
Strep throat, Goup A	24 hours after beginning effective antibiotics
3. Vectorborne diseases	
West Nile Virus, Zika or other mosquito-borne disease	Follow physician recommendations
Lyme Disease or other tickborne disease	Follow physician recommendations
4. Skin rashes	
Rash with fever	May not work until etiology of rash is determined
Scabies	“+” 24 hours after effective treatment is initiated
Chicken Pox	“+” Until all blisters have formed scabs
Contagious Dermatitis	After all lesions are dry and crusted
Fifths Disease – Parvovirus B19	After fever is gone and physically able to do work
Hand, foot and mouth disease	After fever is gone and lesions are dry
Impetigo- Group A strep	24 hours after effective antibiotic
Measles	“+” Avoid work till 5 days after initiation of rash or 21 days
Orofacial herpes simplex	May not work with high risk patients’ or newborns until lesions are healed.
Rubella- German Measles	“+” Avoid work till 5 days after initiation of rash
Shingles: Herpes zoster	May work if rash is covered. May not care for immuno-compromised patients’ or newborns.

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Monkeypox	“+” after lesions have healed and a fresh layer of skin has formed under scabs
5.Other infectious diseases	
Head lice	“+” 24 hours after effective treatment is initiated
Multi-drug resistant organisms: MRSA, VRE, ESBL	“+” When symptoms resolve, unless HCW is linked to transmission of the organism. Referral to an Infectious Disease practitioner may be required.
Mononucleosis	Until clinically able to return to work
Hepatitis A	“+” Seven days after the onset of jaundice
Hepatitis B	“+” Until antigenaemia resolves
Mumps	“+” Until 9 days after onset of parotitis
Pink Eye	24 hours after effective treatment is initiated or discharge ceases
SARS	“+” 10 days after fever subsides
MERS	“+” after symptoms have resolved and Infection Control Officer deems employee no longer infectious to others
Viral Hemorrhagic Fevers including Ebola	“+” after symptoms have resolved and Infection Control Officer deems employee no longer infectious to others