

Policy Name: Employee Health Services Infection Control Policy (2.01b)

Applies to:		
<input checked="" type="checkbox"/> OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services]	<input checked="" type="checkbox"/> Ambulatory Surgery Centers [New Albany]	<input checked="" type="checkbox"/> Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites

Policy Objective

The Ohio State University Wexner Medical Center (OSUWMC) and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James) provides a program of preventive medicine, health risk monitoring and treatment for employees for work related exposures, injuries, and illnesses. This is accomplished through pre-placement screenings, environmental health and safety review, medical surveillance, occupational hazards evaluations and immunizations. This health service is not a substitute for an employee’s personal physician. Employees with non-work related illness or injury should go to their primary care physician, urgent care or emergency department as appropriate.

Policy Details

1. Protection from infectious diseases is provided for ALL OSUWMC/The James workers. These protections include, but are not limited to, engineering controls (e.g. negative pressure room), hand hygiene practices, proper use of personal protective equipment in compliance with standard and isolation precautions and vaccine administration practices. Consideration may be given to a work accommodation or to re-assigning the healthcare worker without immunity to measles, mumps, rubella or varicella. There are no special requirements or need for work re-assignment for pregnant women as ALL healthcare workers are afforded protection from infectious diseases with the exception of the chronic Parvovirus B19 infection or Parvovirus B19 aplastic crisis.
2. All applicants selected for employment within OSUWMC/The James are required to successfully complete a post-offer screening (POS) medical appointment and immunizations prior to the first day of employment. The appointment and all services (immunizations, laboratory testing, chest X-ray etc) are provided at no cost to the candidate. Occupational Health and Wellness (EHS) documents clearance on the Employee Health/Human Resources shared calendar when an applicant is medically cleared.
3. Individuals who handle or prepare food for staff or patients in the cafeteria or food service departments shall have a medical evaluation that includes symptom screening and review of medical history for evidence of foodborne gastrointestinal illness, infections, dermatologic and respiratory conditions upon hire and will be required to complete a symptom screening questionnaire annually.
4. Measures will be taken to safeguard and maintain the employee’s confidentiality. Supervisors and EHS are restricted from accessing staff’s personal medical information. All individuals not involved in the direct care of a patient is restricted from accessing staff’s personal medical information.
5. Due to the risk to patients, immunity to measles, mumps, rubella and varicella are required of all staff unless there is a documented medical reason for exemption from vaccination. At the discretion of EHS and Clinical Epidemiology, appropriate work accommodations and reassignments, including restrictions of specific environments will be issued. In addition, documentation of one adult dose of Tdap is required for staff working in Women and Infants units.
6. Consistent with the [Non-discretionary Vaccine Administration](#) policy, this policy allows for consideration of medical, personal, religious and/or spiritual reasons for declining Influenza, COVID-19, and Hepatitis B vaccines.

7. Upon hire, all staff are screened for *Mycobacterium tuberculosis* (TB) via Interferon-Gamma, a TB skin test, symptom evaluation and/or Chest X-ray. All staff are required to complete an annual infection prevention eLearning. Refer to the [Tuberculosis Control Plan](#). Staff working in high-risk areas may be required to complete annual TB surveillance (see department listing in Appendix A).
8. Upon notification, employees will be required to report to EHS for certain tests and immunizations related to their specific job requirements.
9. This policy applies to all non-employees (persons providing services to OSUWMC/The James, but not paid by OSUWMC/The James) working at OSUWMC/The James as they must meet the immunization and TB screening requirements of EHS. Documentation of compliance must be available on request. Exceptions to this policy may be considered and should be stated in the contractual agreement. See Appendix B for a list of exceptions.
10. Staff may obtain their vaccine and *Mycobacterium tuberculosis* (TB) surveillance records on-line through Employee Self-Service.
11. HR, Environmental health and safety, Occupational Health and Wellness and supervisors will work closely to ensure compliance and monitor restrictions, exemptions, etc.

Definitions

Term	Definition
Employee(s); staff	Individuals paid by The OSUWMC/The James.
Post Offer Screening Appointment (POS)	A medical screening examination that is provided to individuals after a job offer is made, with the job offer contingent upon the individual successfully passing the health requirements established by the medical center. The medical screening examination includes, but is not limited to the following: completing a health history, obtaining required vaccines or demonstrating proof of immunity, assessment to determine the individual is free of active <i>Mycobacterium tuberculosis</i> or other communicable disease conditions and successfully passing a urine drug screen. POS appointments are provided by Employee Health Services or their approved designee at the request of Human Resources or Credentialing.

Procedure

- I. **POS Medical Evaluation:** A post-offer screening (POS) is provided to all OSUWMC/The James staff prior to employment at the Medical Center. Services provided during the POS appointment are provided free of charge to candidates. The medical screening includes, but is not limited to a health evaluation that includes:
 - A. A review of the candidate's medical history and problem focused nurse evaluation with examination by physician when indicated.
 - B. Medical clearance for wearing a respirator (N95 mask). [\(Department of Safety and Emergency Preparedness is responsible for annual fit testing.\)](#)
 - C. An evaluation performed to ensure absence of active TB disease prior to working at the Medical Center.
 1. Initial TB skin test or QuantiFERON® - TB Gold Test (QFT) as an aid for diagnosing TB infection. A baseline chest X-ray (CXR) will be performed if the skin test or QFT is positive.
 2. All staff are required to complete an annual infection prevention eLearning course.
 3. Surveillance includes completing a risk assessment to determine if testing is indicated or waiver from testing is acceptable.
 4. For at-risk staff, [TB testing](#) via a skin test will be provided to those who have negative/normal results previously. A QFT test will be administered in lieu of a skin test for staff with a medical contraindication to TB skin testing or as determined by a provider.
 5. For staff that have tested positive previously, a symptom screening will be required. Routine, periodic X-rays will not be performed on persons with previous positive skin test or QFT after initial baseline testing (obtained at OSUWMC/The James) except when clinically indicated.
 - D. A review of immunization history, administration of vaccine(s) and or titers as required: Manufacturer recommendations and information from current Vaccine Information Statements (VIS) will be followed when administering vaccines. Work-related vaccines are provided free of charge to staff during the POS appointment and during employment.

1. Hepatitis B Vaccine:
 - a. All employees are interviewed/assessed to determine the risk of exposure to blood and other potentially infectious materials.
 - b. Proof of immunity to Hepatitis B is strongly encouraged for all staff at risk of occupational exposure to bloodborne pathogens.
 - c. Vaccination will be offered to all susceptible (determined by serology testing), at risk, new employees at the time of their POS appointment.
 - d. The series consists of three injections at 0, 1, and 6 month intervals; the series may be repeated if necessary. To ensure immunity, it is important the employee completes the entire series.
 - e. One to two months after completing the series, at risk employees will have a Hepatitis B Surface Antibody titer drawn to determine serologic response.
 - f. At risk employees who decline must sign a declination form. The purpose of this is to encourage greater participation in the vaccination program. Staff who decline will be counseled on their risk of acquiring Hepatitis B.
 - g. Susceptible, at-risk employees who initially decline vaccination may at a later date decide to accept it; in this case, the vaccine will be made available to the employee and will be provided free of charge.
2. Influenza Vaccine: ([Refer to Non-Discretionary Vaccine Administration Policy](#))
 - a. Compliance with the Influenza vaccine is an annual requirement for all OSUWMC/The James staff. Vaccines are administered seasonally from September 1 through March 31; dates may be modified due to vaccine availability.
 - b. Employees are required to receive the vaccine or submit a request for exemption; individuals submitting an exemption are required to complete an eLearning and may be required to don a mask when performing patient care activities during times as determined by the Medical Director of Clinical Epidemiology or designee.
 - c. EHS provides influenza vaccines free of charge to all OSUWMC/The James employees; staff obtaining the vaccine at an outside location must submit proof of receipt to EHS during flu season.
 - d. EHS reports influenza vaccine compliance data to the Infection Prevention Committee (IPC) annually.
3. SARS-Cov2 (COVID-19) Vaccine
 - a. Limited exemptions from the COVID-19 vaccination requirements will be granted on a case-by-case basis. Refer to [Non-Discretionary Vaccine Administration](#) policy.
 - b. Employees are required to receive the vaccine or submit a request for exemption; individuals submitting an exemption are required to complete an eLearning and may be required to don a mask when performing patient care activities during times as determined by the Medical Director of Clinical Epidemiology or designee.
 - c. For the COVID-19 vaccine, if an exemption is granted, the individual will abide by any surveillance testing requirements until such time as determined by Clinical Epidemiology. Refer to the Non-Discretionary Vaccine Administration policy.
4. Measles, Mumps, Rubella Vaccine (MMR):
 - a. Proof of immunity is required of all OSUWMC/The James new hires unless a medical contraindication for vaccination exists. Proof of immunity includes medical documentation of having received two MMR vaccines or laboratory evidence of immunity to measles, mumps and rubella.
 - b. Individuals with a medical contraindication for not obtaining vaccination are required to sign a waiver. Personal reasons for exemption from MMR will not be accepted; Human Resources will be notified if the vaccine is refused for a personal reason.
 - c. Individuals without proof of immunity and a medical contraindication to vaccination will be evaluated on a case by case basis. The employee will be counseled on risk and EHS will notify supervisors so that work assignments may be adjusted as needed.
5. Tetanus, Diphtheria, Pertussis Vaccine (Tdap) and Tetanus, Diphtheria Vaccine (Td): Tdap/Td vaccines are recommended for all staff.

- a. During the POS appointment, new hires will be screened for documentation of having received one adult dose of Tdap; a one-time dose will be offered if not previously received (regardless of when previous dose of Td was received).
 - b. Td boosters will be administered every 10 years thereafter upon request.
 - c. The Centers for Disease Control and Prevention (CDC) suggests that pregnant women obtain a Tdap vaccine during the third trimester of each pregnancy; these will be provided to HCWs free of charge upon request.
 - d. Staff assigned in patient facing environments to women and infants will not be granted any exemption from Tdap vaccination requirements.
6. Varicella Vaccine:
- a. Proof of immunity is required of all OSUWMC new hires unless a medical contraindication for vaccination exists. Proof of immunity includes medical documentation of having received two varicella vaccines or laboratory evidence of immunity.
 - b. Individuals with a medical contraindication for not obtaining vaccination are required to sign a waiver. Personal reasons for exemption from varicella will not be accepted; Human Resources will be notified if the vaccine is refused for a personal reason.
 - c. Individuals without proof of immunity and a medical contraindication to vaccination will be evaluated on a case by case basis. The employee will be counseled on risk and EHS will notify supervisors, HR, environmental health and safety so that work assignments may be adjusted as needed.
7. Other Vaccines:
- a. EHS may provide other vaccines free of charge to at risk employees when indicated for job related reasons.
 - b. EHS does not stock immunizations required for travel to certain areas of the world. In the event additional vaccines are needed for work-related travel and the vaccine is not available in EHS, the employee will be referred to the Travel Clinic at Rardin. Payment may be arranged through the Employee's department.
- I. On-The-Job Injury, Illness or Exposure Treatment:
- A. An employee who incurs a work-related injury or illness must report the illness or injury to the supervisor. The supervisor should initiate the [Employee Accident Report Form](#) and direct the employee to EHS or the Emergency Department (ED) when appropriate.
 - B. EHS provides staff with medical treatment and follow-up care for work related illness and injury; referrals to outside providers will be made as needed.
 - C. If a work related injury or illness occurs when EHS is closed, employees should report the injury to EHS the next working day. If the severity of the injury or illness warrants immediate care, the ED will provide medical treatment. Follow-up treatment however, will be provided by EHS.
 - D. OSUWMC/The James physicians should not prescribe medications or otherwise treat hospital employees/staff for any work related injury, illness or confirmed or suspected exposure. Exceptions include:
 1. When directed by the EHS provider
 2. When EHS is not available, exposure must be confirmed prior to medication administration
 3. When severity of illness or injury requires emergency management
 4. The employee opts to seek treatment from their own Bureau of Workers Compensation (BWC) approved provider or primary care provider
 - E. Treatment in the ED for [blood and body fluid exposures \(BBFE\)](#) should only occur in the following situations: source patient tests positive for HIV, the source is known to be HIV positive or the source patient cannot be identified or tested and EHS is not available.
 - F. Treatment for non-work related injury or illness should be provided by the employee's personal physician and is not the responsibility of EHS.
 - G. An employee who reports to work ill may be sent home by the supervisor. If there is difficulty in determining the employee's disposition, or if there is disagreement over the employee's disposition, EHS is available for consultation.
- II. Infectious Disease Surveillance:

- A. OSUWMC/The James operates under comprehensive infection prevention and control policies and procedures in collaboration with EHS and Clinical Epidemiology in an effort to prevent, identify and control the spread of infectious diseases among patients, staff and visitors.
1. Employees who believe they have been exposed to an infectious disease or condition while working should notify their manager and Clinical Epidemiology immediately to validate the exposure; Epidemiology will notify EHS. Staff exposed to blood and bodily fluids shall follow the Blood and Body Fluid Exposure protocol.
 2. Whenever a manager, physician or any staff member becomes aware of an employee exposure related to a patient, Clinical Epidemiology should be notified; if confirmed, Epidemiology will notify the department manager(s), physician(s) and EHS.
 3. Responsibilities in an Exposure Event:
 - a. Clinical Epidemiology:
 - 1) Confirms the nature of the exposure.
 - 2) Notifies EHS and affected unit managers, physicians and ancillary department managers if exposure is confirmed.
 - 3) Develops and distributes information on the exposure, preparing instructions for identifying exposed staff and establishing the time frame required for post-exposure follow-up and management, when indicated; consults with EHS as needed when preparing instructions.
 - 4) Provides managers with instructions for compiling and submitting the line-listing of exposed staff (line list submitted to EHS)
 - 5) May request surveillance cultures or testing of staff for a specific pathogen associated with an outbreak situation. Upon request, EHS will provide testing and follow-up treatment when indicated.
 - b. Supervisor/Manager/Attending Physician:
 - 1) Reviews charts, patient care assignments and other means as needed to ensure that all exposed healthcare workers are identified.
 - 2) Notifies staff of the exposure and provide them with instructions prepared by Clinical Epidemiology.
 - 3) Compiles and enters required information on exposed staff on the line-list as indicated on the form.
 - 4) Submits the completed line-listing to EHS within the required time-frame.
 - c. EHS:
 - 1) Evaluates exposed staff to confirm that conditions of the exposure are met prior to administering post-exposure prophylaxis, testing or other treatment
 - 2) Provides post-exposure prophylaxis, testing or treatment as indicated.
 - 3) Notifies Clinical Epidemiology, the supervisor/manager/attending physician and/or The Ohio Department of Health of employees who fail to report for follow-up.
 - 4) Evaluates staff's ability to return to work following an exposure event.
 - d. Employee:
 - 1) Follows instructions set forth by Clinical Epidemiology, supervisors/managers/attending and EHS.
 - 2) May elect to obtain follow-up evaluation or treatment from their primary care provider in lieu of EHS. Confirmation of services submitted from an outside provider should be submitted upon request to EHS and/or the employee's supervisor. Payment for obtaining services from an outside provider may be/will be the responsibility of the employee.
- III. Specific Infectious Diseases: The following includes information on community acquired as well as work-related infections.
- A. Acquired Immunodeficiency Syndrome (AIDS):
1. Employee Screening – there is no routine general screening of employees for HIV antibodies. Employees who wish to have such testing with counseling, or wish advice concerning transmission of HIV in the workplace may obtain it through EHS. In the absence of a documented exposure, this testing, in most cases, is limited to once per year.
 2. Exposure – employees exposed to confirmed HIV contaminated blood or body fluids or to an unknown source should report to EHS (or ED when EHS is closed). ([Refer to the blood and body fluid BBFE protocol](#)).

- B. Acute Febrile Illness: (temperature \geq 100.4°F)
1. HCWs should remain off duty until acute symptoms have resolved and temperature is $<$ 100.4°F for at least 24 hours without the use of antipyretic medications.
 2. Bacterial infections with fever: Refer to specific conditions, follow PCP's recommendations for when to return to work. Generally, HCWs should remain off duty until at least 24 hours of antibiotic therapy has been completed and fever has resolved without use of antipyretics.
- C. Casts/splints or other items/conditions that may interfere with hand hygiene:
1. Per the [hand hygiene policy](#), Employees unable to perform hand hygiene as indicated shall not work in any job function that requires hand hygiene to be performed when entering or exiting the patient's room/cubicle/treatment area or touching/transporting patients.
 2. Staff with a cast, splint, or assistive device should notify their manager and should be referred to Employee Health Services (EHS) for evaluation.
 3. Employees with open sores, lesions, skin breakdown, rash, etc. on their hands shall notify their manager and should be referred to EHS for evaluation.
 4. Contact dermatitis:
 - a. It is neither recommended nor necessary to routinely wash hands after the application of alcohol handrub; this practice may increase the risk of dermatitis.
 - b. Alcohol handrub provided by OSUWMC/The James contains emollients and is less likely to cause contact dermatitis than antimicrobial soap and water.
 - c. Regular use of hospital provided hand lotion can help prevent dermatitis. It is recommended to have hand lotion conveniently available for all staff to use in patient care areas.
 - d. Employees experiencing dermatitis shall report to EHS; EHS will communicate trends to the Infection Prevention Committee
- B. Cold symptoms (afebrile, runny nose, mild, infrequent cough and/or sore throat)
1. HCW should don a mask upon entering the facility and when performing patient care.
 2. In accordance with the COVID-19 [employee exposure guidelines](#), employees should get tested.
- C. Conjunctivitis:
1. Bacterial – Exclude from work until discharge ceases and at least 24 hours after effective treatment is initiated (whichever is greater).
 2. Viral – Exclude from work until discharge ceases and symptoms have resolved.
 3. All employees with conjunctivitis should not use microscopes or other equipment that directly touches the area around the eye for the time frames stated above.
- D. Cytomegalovirus: (CMV)
1. There is no routine screening of employees for CMV.
 2. All employees should adhere to standard precautions at all times when providing patient care. Due to concerns of CMV infection during pregnancy, pregnant women should be reassured that standard precautions are sufficient in preventing transmission of this disease. The majority of patients shedding CMV are undiagnosed; this underscores the importance of strict adherence to standard precautions. There is no need to modify or restrict work practices. There is no need to reassign or exclude HCWs who are pregnant or planning to become pregnant from caring for patients infected with CMV.
- E. Diphtheria: (cutaneous and pharyngeal)
1. All staff with diphtheria should be excluded from duty and may return to work when 2 cultures taken \geq 24 hours apart are negative.
- F. Epstein-Barr Virus:
1. No modification or restriction of work practices are required, however, the nature of illness may require time off work due to symptoms.
- G. Fifth Disease (Parvovirus B19):
1. No routine serologic testing is performed for Parvovirus B19.
 2. Exposure occurs through contact with respiratory secretions (saliva, sputum or nasal mucus) when an infected person coughs or sneezes; it typically requires being within 3-6 feet of the infected individual. Pregnant HCWs exposed to a patient during the communicable period should consult

- with their OBGYN for clinical management. Pregnant healthcare workers should be excluded from care a patient with chronic B19 infection or aplastic crisis.
3. Period of communicability is over once the rash develops, thus, HCWs diagnosed with Parvovirus B19 may return to work with onset of the rash.
- H. Gastroenteric Infections (vomiting, diarrhea, jaundice, *Campylobacter*, *Cryptosporidium*, *Cyclospora*, *Entamoeba histolytica*, enterohemorrhagic or shiga toxin-producing *Escherichia coli*, *Giardia*, Norovirus, *Salmonella* spp., *Salmonella typhi*, *Shigella*, *Vibrio cholera*, *Yersinia enterocolitica*)
1. It is recommended that HCWs with clinically significant vomiting and/or diarrhea should be seen by their primary care physician for diagnosis and clinical management, which may include laboratory investigation and maintaining hydration. HCWs with active vomiting or diarrhea should be excluded from providing direct patient care and food handling until stools have formed or 24 hours after the last episode of vomiting and stools have formed. Meticulous attention to hand hygiene is advised upon returning to work.
 2. HCWs and food services workers diagnosed with *Campylobacter*, *Cryptosporidium*, *Cyclospora*, *Entamoeba histolytica*, enterohemorrhagic or shiga toxin-producing *Escherichia coli*, *Giardia*, Norovirus, *Salmonella* spp., *Salmonella typhi*, *Shigella*, *Vibrio cholera* or *Yersinia enterocolitica* should remain off duty until released by their private physician or the health department; EHS is available for consultation.
- I. Hand, Foot and Mouth Disease:
1. HCWs with Hand, Foot and Mouth disease should be restricted from caring for infants, neonates, immunocompromised patients and the patient care environments until symptoms resolve.
- J. Hepatitis A:
1. Exposure to Hepatitis A occurs when fecal matter of an infectious person is transmitted orally to uninfected person. Exposed HCW and food service workers should be referred for post-exposure management as soon as possible and preferably within 7 days of the exposure. There are no modifications to work practices or work restrictions needed following an exposure.
 2. Staff diagnosed with Hepatitis A should be excluded from food handling and direct contact with patients and the patient care environment for 10 days after the onset of symptoms.
- K. Hepatitis B:
1. Employees at risk for Hepatitis B who have not successfully been vaccinated will be managed as an unprotected exposure when there is parenteral or mucous membrane contact with Hepatitis B Surface Antigen (HBsAg) positive blood or body fluids. Treatment, when indicated will include either vaccination and/or Hepatitis B immune globulin. Treatment should be given within seven days after the exposure. Employees exposed to an unknown source will be evaluated in EHS and treated as indicated above or otherwise as judged appropriate to the individual situation.
 2. In the event of active Hepatitis B infection acquired after an occupational exposure, with or without clinical illness, further evaluation of infectivity and hepatic function will be carried out either upon return to work or at the time of discovery. Periodic follow-up of abnormal liver function and persistent antigenemia will be continued as indicated.
 3. There are no work restrictions for staff with HBV infection. However, work restrictions may be considered relative to potential risk of transmission during invasive medical procedures or exposure to hepatotoxic materials.
- L. Hepatitis C:
1. There is no routine clinical or serologic screening performed for Hepatitis C.
 2. HCWs with exposure to Hepatitis C via documented parenteral or mucous membrane contact with Hepatitis C contaminated blood or infectious body fluids will be evaluated and followed by EHS. A baseline blood sample will be drawn as soon as possible after the exposure. An HCV quantitative RNA PCR will be subsequently done at 6 weeks, 3 months and a final screen at 6 months.
 3. Generally, there are no work restrictions for staff with HCV infection. However, work restrictions may be considered relative to potential risk of transmission during medical invasive procedures or exposure to hepatotoxic materials.
- M. Herpes Simplex Virus:
1. Genital herpes: No restrictions required.

2. Herpetic whitlow (hands or fingers affected): Staff with Herpetic Whitlow will be excluded from providing patient care and excluded from patient care environments until the lesions are dried and healed.
 3. Orofacial or weeping lesions on sites other than the hands must be covered by a protective, impermeable dressing while working. If lesions cannot be covered by dressings, the HCW will be excluded from providing direct patient care until the lesions are dried.
 4. Routine or scheduled Aerosol Generating procedure involving proximate lesions (example oral lesion/dental procedure) will not be performed on patients except in an emergency situation.
- N. Influenza:
1. With the implementation of the [Non-Discretionary Influenza Vaccination policy](#), post-exposure prophylaxis following occupational exposure to influenza is not routinely provided.
 2. There are no work restrictions following a known exposure. After an exposure, unvaccinated staff is to don a mask for 5 days after the exposure when providing care.
 3. During periods of widespread flu activity within the community, unvaccinated staff may be required to don a mask as determined by Clinical Epidemiology.
 4. HCWs with influenza may return to work 24 hours after the fever is resolved without the use of anti-pyretics; if other symptoms such as cough continues, a mask should be worn when providing patient care.
- O. COVID-19:
1. If symptomatic of COVID-19, staff shall alert their supervisor and submit required health monitoring information through the Wexner Medical Center web-based application.
 2. Further instructions regarding the exposure, requirement for quarantine and other restrictions/requirements will be issued by EHS. Employees may reference the [COVID-19 employee exposure guidelines](#).
- P. Legionella:
1. In the event an employee is diagnosed with Legionella, they are encouraged to report their diagnosis immediately to the manager. The Ohio Department of Health will identify if investigation is warranted.
 2. Legionella is not transmitted from person-to-person, thus no work restrictions are required, however, time off may be required due to symptoms and the disease condition.
- Q. Meningococcal Meningitis (*Neisseria meningitidis*) or Meningococemia:
1. Staff diagnosed with Meningococcal meningitis should be excluded from duty until 24 hours after start of effective therapy or symptoms resolve and the provider releases the employee to return to work.
 2. Staff diagnosed with Meningococcal meningitis should report their diagnosis immediately to Clinical Epidemiology and/or EHS. EHS will notify Clinical Epidemiology to determine if an investigation is warranted.
 3. Post exposure prophylaxis is recommended to be administered within 72 hours, thus prompt reporting and follow-up with EHS is required.
- R. Measles (Rubeola)
1. Staff diagnosed with measles, must notify their manager immediately and will be excluded from duty until 7 days after the rash appears. The employee and/or their manager must notify Clinical Epidemiology and Employee Health to determine if exposure to other staff or patients has occurred.
 2. Staff who have not had 2 MMR vaccines or a positive rubeola titer should be excluded from duty from the 5th day through 21st day after an exposure; if symptoms develop, the individual should notify the manager, Clinical Epidemiology, EHS and their private physician.
- S. Mumps:
1. Staff diagnosed with mumps should be excluded from duty for 5 days after the onset of parotitis. The employee and/or their manager must notify Clinical Epidemiology and Employee Health to determine if exposure to other staff or patients has occurred.
 2. Staff who have not had 2 MMR vaccines or a positive mumps titer should be excluded from duty from the 12th day after the exposure through the 26th day after the exposure. If symptoms develop, the individual should notify the manager, Clinical Epidemiology, EHS and their private physician.
- T. Pertussis

1. Staff diagnosed with Pertussis should be excluded from duty from the onset of symptoms that could include watery eyes, runny nose, cough etc through the 3rd week after the onset of paroxysmal cough or until 5 days after the start of effective antibiotic therapy. The employee and/or their manager must notify Clinical Epidemiology and EHS to determine if exposure to other staff or patients has occurred.
 2. Post-exposure, asymptomatic personnel – no restriction is required; prophylaxis is recommended.
 3. Post-exposure, symptomatic personnel – should be excluded from duty until 5 days after start of effective antimicrobial therapy.
- U. Rubella:
1. Staff diagnosed with rubella should be excluded from duty for 7 days after the rash appears. The employee and/or their manager must notify Clinical Epidemiology and Employee Health to determine if exposure to other staff or patients has occurred.
 2. Staff who have not had 2 MMR vaccines or a positive rubella titer should be excluded from duty from the 7th day through the 21st day after and exposure. If symptoms develop, the individual should notify their manager, Clinical Epidemiology, EHS and their private physician.
- V. Scabies/Lice:
1. Direct patient care providers diagnosed with scabies or lice should be restricted from providing direct patient care until 24 hours after treatment.
 2. Post-exposure prophylaxis is generally not required after providing care to a patient with scabies or lice. In the event the condition develops after a confirmed work-related exposure, treatment may be provided by EHS.
 3. If the employee has been exposed to Crusted (Norwegian) Scabies, EHS will direct the employee to complete the screening form
 4. Exposure: defined as not wearing a gown and gloves while coming into direct skin-to-skin contact or skin shedding and clothing providing direct patient care. All exposed employees are required to refrain from work until 24 hours after prophylactic treatment to prevent transmission. Employees meeting exposure definitions will be provided with post exposure prophylaxis (Ivermectin)
- W. Skin Infections: (including Methicillin Resistant *Staphylococcus aureus* (MRSA) and other multi-drug resistant organisms)
1. All staff must have open skin lesions covered with a clean, dry, impermeable dressing while working. Dressings on hands that preclude compliance with hand hygiene policies and lesions on face that cannot be covered may require exclusion from work duties until lesions have resolved and should be evaluated in EHS or by the individual's primary care provider.
 2. There are no work restrictions required for any worker colonized, but not actively infected with drug resistant organisms unless epidemiologically linked to transmission of the organism. If an epidemiological link is suspected by Clinical Epidemiology, screening cultures may be obtained upon consultation with EHS.
- X. Strep Throat:
1. Return to work 24 hours after initiation of antibiotic therapy and fever has resolved without use of antipyretics.
- Y. Tuberculosis:
1. HCWs with active, communicable TB disease should be excluded for duty until having completed at least 14 days of effective therapy, shows clinical improvement and has 3 consecutive negative acid fast bacilli (AFB) sputum smear results with each collected at 24 hour intervals and at least one being an early morning specimen and with approval from the worker's treating provider or Infectious Disease specialist.
 2. There is no exclusion from duty for workers with latent TB.
 3. Employees exposed to TB will undergo testing 8-10 weeks after the exposure with either a TB skin test (TST) or QFT or symptom evaluation for previous positive TST/QFT.
 4. Employees who develop a positive test result or symptoms following an exposure event or during annually surveillance will have a symptom evaluation, CXR and evaluation by EHS provider; a referral to Infectious Disease may be considered.
- Z. Varicella Zoster:
1. HCWs with active varicella should be excluded from work until no new vesicles are appearing and all lesions are dry and crusted.

2. Immunocompromised HCWs with localized or generalized herpes zoster (shingles) should be excluded from work until no new vesicles are appearing and all lesions are dry and crusted.
3. There are no work restrictions required for immunocompetent HCWs with localized zoster with lesions that can be covered with a clean, dry, impermeable dressing. Exceptions: HCWs assigned to work in the Bone Marrow Transplant Unit, C15 East, C16, Neonatal Intensive Care Unit and Women and Infants, Labor and Delivery will be excluded from duty until all lesions are dry and crusted; consideration for work reassignment may be considered.
4. Staff who have not had 2 varicella vaccines or a positive varicella titer should be excluded from duty from day 8 through day 21 after an exposure; if symptoms develop, the individual should notify their manager, Clinical Epidemiology, EHS and their private physician.

Resources

Related Policies & Procedures

1. [Blood and Body Fluid Exposure Protocol:](#)
2. [Infection Prevention and Control Plan: Bone Marrow Transplant Program](#)
3. [Control of Outbreaks](#)
4. [Non-discretionary Vaccine Administration \(2.01c\)](#)

References

1. [Employee Accident Report Form](#)
2. [Guideline for Infection Control in Health Care Personnel](#)
3. Letter to Providers: Tdap and Influenza Vaccination of Pregnancy Women, 10/9/2014. <http://www.cdc.gov/flu/pdf/professionals/providers-letter-pregnant-2014.pdf>
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History

<i>The Ohio State University Wexner Medical Center</i>		
Approved By (List All Committees): 1. Infection Prevention Committee 2. Policy Oversight Committee 3. Health System Operations Team 4. Policy Oversight Committee	Approval Date: 1. 1/14/2020 2. 1/23/2020 3. 2/20/2020 4. 8/26/2021	Issue Date: 8/1/2000 Effective Date: 8/31/2021
Review Cycle: <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years		Prior Approval Date(s): 4/1/2017; 2/20/2020

Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Approved By (List All Committees): 1. Infection Prevention Committee 2. Policy Oversight Committee 3. Health System Operations Team 4. Policy Oversight Committee	Approval Date: 1. 1/14/2020 2. 1/23/2020 3. 2/20/2020 4. 8/26/2021	Issue Date: 8/1/2000 Effective Date: 8/31/2021
Review Cycle: <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	Prior Approval Date(s): 4/1/2017; 2/20/2020	

Appendix A: TB Screenings for High Risk Departments/Units

Medical Center

- Pulmonary (LIP) - 11296
- ENT (LIP) - 12872
- Infectious Diseases (LIP) - 11289
- Clinical Microbiology - only Mycobacteriology (AFB) and laboratory processors – 99238
- Critical Lab-99235
- Respiratory Therapy Department (OSU Main) – 99285
- Respiratory Therapy at East Hospital (OSUE) – 97715
- Pulmonary Lab Diagnostics – 99286

University

- BSL-3-Columbus location
- Pathology
- Animal Handlers who work with non-primates

Appendix B

1. Exceptions may include:
 - a. Medically recognized contraindications to vaccination established by the CDC
 - b. Non-patient facing: 8 hours contiguous on a single day, no more than once a week times two weeks every 3 months
 - c. Patient facing: 2 hours contiguous on a single day no more than once a week times two weeks every 3 months
2. Exceptions will not be granted for those with:
 - a. Fever or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. New loss of taste or smell
 - g. Sore throat
 - h. Nausea or vomiting
 - i. Diarrhea
 - j. Trouble breathing
 - k. Persistent pain or pressure in the chest
 - l. New confusion
 - m. Inability to wake or stay awake
 - n. Pale, gray or blue-colored skin, lips, or nail beds, depending on skin tone