

## Staff Health

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### (Infection Prevention) Policy

#### Purpose

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This policy is a guide for Canterbury District Health Board staff and managers on appropriate control measures to protect patients and colleagues from common infectious diseases and conditions.

#### Policy

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Canterbury District Health Board employees have a duty to protect their patients, themselves and their colleagues from infection. The infectious conditions covered in this policy are not exhaustive, but this policy is designed to provide information about common infectious conditions that could pose a risk and infection prevention and control measures required.

#### Applicability

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All CDHB employees.

#### Legislative Requirements and National Standards

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Canterbury District Health Board (CDHB) is obliged to comply with Health and Disability Services (Safety) Act 2001. The CDHB Infection Prevention and Control Service is mandated to ensure the CDHB complies with the New Zealand Health and Disability Services (Infection Prevention and Control) Standards NZS 8134.3:2008 and Health & Safety at Work Act 2015

#### Roles and Responsibilities

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##### CDHB Executive Management Team

The role of the Executive Management Team is to ensure that there is provision of sufficient and suitable resources to enable effective management of staff with infectious conditions.

##### CDHB Infection Prevention and Control Executive Committee

The role of the Infection Prevention and Control Executive committee is to provide expert guidance and advice to the Infection Prevention and Control Team and the Health and Wellbeing (Occupational Health) Team about measures needed to protect staff, patients and members of the public from infection.

##### Infection Prevention and Control Team

The role of the Infection Prevention and Control Team is, in liaison with the Health and Wellbeing (Occupational Health) Team, to give advice to individual staff and their managers about the risk from common infectious conditions to their patients and colleagues and any required exclusion from work, and where applicable, advise on contact tracing and follow up care for patients.

##### Health and Wellbeing (Occupational Health) Team

The role of the Health and Wellbeing (Occupational Health) Team is, in liaison with the Infection Prevention and Control Team, to advise individual staff and their managers about the risk from common infectious

conditions to their patients and colleagues and any required exclusion from work, and where applicable, undertake contact tracing and follow up of other members of staff.

### **Line Managers**

The responsibility of line managers is to ensure staff are managed appropriately in line with this policy and to stand down staff with common infectious conditions for the recommended period from clinical duties, as advised by the IPC Service or Health and Wellbeing (Occupational Health).

### **All Staff**

All CDHB employees have a responsibility to protect patients and colleagues from infectious diseases and conditions that could pose a risk. They have an obligation to ensure they are protected against CDHB identified vaccine preventable diseases and thus provide a safeguard for themselves, patients, colleagues and whanau. If an employee believes they are not immune, or unsure of their immune status they should contact the Health and Wellbeing (Occupational Health) team for advice.

### **Vaccine-Preventable Diseases**

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Healthcare workers may be exposed to vaccine-preventable diseases and then, after contracting the disease, be infectious to patients. It is recommended that HCWs be vaccinated or have demonstrated immunity to CDHB identified vaccine-preventable diseases.

Herd immunity of the hospital community is not reliable and non-immune HCWs are a potential risk to patients, colleagues and whanau. The following diseases are vaccine-preventable and can be transmitted from patients to staff as well as staff to patients during healthcare work: COVID-19, , Hepatitis A (role dependent), Hepatitis B (role dependent), Influenza, Measles, Mumps, Pertussis, Rubella and Varicella.

CDHB staff are required, as part of recruitment process, to provide proof of immunity to Health and Wellbeing (Occupational Health) who, if required, may offer vaccination.

### **Infectious Conditions with Work Restrictions**

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All CDHB employees have a responsibility to seek advice from Infection Prevention and Control or Health and Wellbeing (Occupational Health) if it is suspected or known that they have an infectious condition.

Work restrictions may be recommended or enforced for CDHB staff that have been exposed to or infected with one of the infectious diseases listed in the tables following this section.

In addition, further restrictions may apply to staff having contact with immunosuppressed patients and those patients particularly vulnerable to infection i.e. high-risk patients. This includes:

- Areas with burns patients or transplant patients
- BMTU
- Birthing Unit/ Neonatal nurseries
- Paediatrics/CHOC
- Intensive Care Unit
- Operating Theatre

**Table 1: Infectious Conditions and Work Restrictions – Blood borne Viruses**

Disease	Relieve from Direct Patient Contact	Partial Work Restriction/ Precaution to Take	Duration	Pregnant Healthcare worker
<b>Hepatitis A</b>	Yes		Until 7 days after onset of jaundice	
<b>Hepatitis B</b>	Consult with Occupational Health if staff are performing exposure prone procedures	HCW's must use Standard Precautions for procedures that involves potential/actual trauma to tissues or contact with mucous membrane or non-intact skin of the health care worker	Until advised by medical practitioner in consultation with Occupational Health	
<b>Hepatitis C</b>	Consult with Occupational Health if staff are performing exposure prone procedures	HCW's must use Standard Precautions for any procedure that involves potential/actual trauma to tissues or contact with mucous membranes or non-intact skin of the health care worker	Until advised by medical practitioner in consultation with Occupational Health	
<b>Human Immunodeficiency Virus (HIV)</b>	Consult with Occupational Health if staff are performing exposure prone procedures	HCW's must use Standard Precautions for any procedure that involves potential/actual trauma to tissues or contact with mucous membranes or non-intact skin of the health care worker  If a staff member has HIV, as long as they are on a stable treatment regime with regular monitoring (6-monthly but consider 3-monthly if they are doing exposure prone procedures) and consistently fully suppressed viral load there is no measurable risk of transmission. Discuss with ID Physician		

**Table 2: Infectious Conditions and Work Restrictions – Gastrointestinal Illness**

Disease	Relieve from Direct Patient Contact	Partial Work Restriction/ Precaution to Take	Duration	Pregnant Healthcare worker
<b>Acute Diarrhoea/ Gastroenteritis</b> (viral or unknown)	Yes	During an outbreak of gastroenteritis, staff will not be able to return to work until 48 hours after symptoms have resolved	If not during an outbreak, until HCW's symptoms have been resolved for 24 hours	
<b>Campylobacter enteritis</b>	Yes	Notifiable disease to Community & Public Health	Until HCW asymptomatic for 48 hours	
<b>Enteroviral infections</b> (Coxsackie viruses, Echoviruses, Enteroviruses, Polioviruses)	No	HCW's should not care for infants, new-borns and immunocompromised patients and their environment	Until HCW's symptoms resolve.	
<b>Salmonella</b>	Yes		Until HCW asymptomatic for 48 hours	
<b>Yersinia</b>	Yes	Notifiable disease to Community and Public Health	Until HCW asymptomatic for 48 hours	

**Table 3: Infectious Conditions and Work Restrictions – Parasites**

Disease	Relieve from Direct Patient Contact	Partial Work Restriction/ Precaution to Take	Duration	Pregnant Healthcare worker
<b>Lice (Head/Pubic)</b>	No	Ensure prompt treatment sought		
<b>Scabies</b>	Yes		24 hours after effective treatment	

**Table 4: Infectious Conditions and Work Restrictions – Respiratory Illness**

Disease	Relieve from Direct Patient Contact	Partial Work Restriction/ Precaution to Take	Duration	Pregnant Healthcare worker
<b>COVID-19 positive</b>	Yes	Notifiable disease to Community and Public Health	Until cleared to return to work by Community and Public Health. For further advice consult Occupational Health, IPC or Infectious Diseases	
<b>Diphtheria</b>	Yes		Until antimicrobial therapy completed and two negative screens 24 hours apart	
<b>Group A Streptococcal infection</b>	Yes		Until 24 hours after appropriate antibiotic treatment is commence	
<b>Influenza and/or  ILI (e.g RSV)</b>	Yes		For a minimum of 72 hours after onset of first symptoms. Should stay off work for at least 24 hours after resolution of fever. For further advice consult Occupational Health	
<b>Pertussis (Whooping Cough) Active</b>	Yes		From the beginning of the catarrhal stage through the third week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy	
<b>Pertussis Post-exposure (asymptomatic)</b>	No	Advise post exposure prophylaxis		
<b>TB (Pulmonary)</b>	Yes <i>refer NZ TB Guidelines 2010</i>	Notifiable disease to Community and Public Health.	2 weeks effective treatment and clearance by medical practitioner	

**Table 5: Infectious Conditions and Work Restrictions – Eyes, Skin or Soft Tissue**

Disease	Relieve from Direct Patient Contact	Partial Work Restriction/ Precaution to Take	Duration	Pregnant Healthcare worker
<b>Conjunctivitis</b> (Infectious)	Yes		Until discharge ceases	
<b>Herpes Simplex</b> - Hand (herpetic whitlow)	Yes	HCW's should not care for high risk patients	Until lesions heal.	
<b>Herpes Simplex</b> - Orofacial (cold sores)	Requires consultation with IPC or Occupational Health in high risk areas		Until lesions heal	
<b>Herpes Simplex</b> - Genital	No			
<b>Herpes zoster</b> (Shingles)  Active	Dependant on site of lesions  Requires consultation with IPC or Occupational Health in high risk areas	Appropriate barrier protective i.e. cover lesions.  Staff member should not care for high risk patients	Until lesions have crusted over and no further eruption of new lesions occur	
<b>Herpes zoster</b> (Shingles)  Post exposure				Relieve from direct patient contact if pregnant staff member not immune
<b>MRSA</b>	Dependant on site of lesions Requires consultation with IPC or Occupational Health	Skin lesions below the elbows on forearms and hands may prevent adequate/effective hand hygiene. Requires consultation with Occupational Health or IPC	Until lesions have resolved	
<b>Other MDRO</b>	Dependant on site of lesions Requires consultation with IPC or Occupational Health	Skin lesions below the elbows on forearms and hands may prevent adequate/effective hand hygiene. Requires consultation with Occupational Health or IPC	Until lesions have resolved	
<b>Staphylococcus aureus</b> (skin lesions)	Yes		Until lesions have resolved	

**Table 6: Infectious Conditions and Work Restrictions – Vaccine preventable diseases**

Disease	Relieve from Direct Patient Contact	Partial Work Restriction/ Precaution to Take	Duration	Pregnant Healthcare worker
<b>Chicken Pox</b> (Varicella- zoster) <u>Active</u>	Yes	Varicella zoster immunity MUST be checked by blood test	Until all lesions dry and crusted (usually 5 days)	Relieve from direct patient contact if pregnant staff member not immune
<b>Chicken Pox</b> (Varicella- zoster) <u>Post exposure</u> – unknown immune or reported non-immune status	Discuss with Occupational Health or IPC			
<b>Measles</b> Active	Yes		Until at least 5 days after the rash appears.	
<b>Measles</b> Post exposure	Discuss with Occupational Health or IPC	Refer to Occupational Health Team to discuss immune status.		
<b>Meningococcal infections</b>	Yes		Until 24 hours after start of appropriate antibiotic therapy.	Rifampicin and Ciprofloxacin prophylaxis not recommended during pregnancy
<b>Mumps</b> Active	Yes		Until 5 days after onset of parotitis.	
<b>Mumps</b> Post exposure	Discuss with Occupational Health or IPC	Refer to Occupational Health Team to discuss immune status.	From 12-26 days after exposure	
<b>Rubella</b> Active	Yes		Until 7 days after the rash appears	
<b>Rubella</b> Post exposure	Discuss with Occupational Health or IPC	Refer to Occupational Health Team to discuss immune status.	Serology recommended otherwise from 7-21 days after exposure	Relieve from direct patient care

**Staff exposure to infectious diseases**

Community and Public Health, Health and Wellbeing (Occupational Health) and Infection Prevention and Control all have a role in the follow up of staff who have had unprotected exposure to infectious diseases.

**Table 7: Follow-up for staff with unprotected exposure to infectious diseases**

<b>Disease</b>	<b>Exposure risk</b>	<b>Staff follow-up</b>
<b>Blood borne viruses</b>	Blood and body fluid exposure incident	Refer CDHB BBFE policy
<b>COVID-19 (SARS-CoV-2)</b>	Breach of PPE; community case; case not identified by risk assessment / higher index of suspicion criteria	Check COVID-19 vaccination status. Seek immediate advice from ID Physician/IPC team/Occupational Health. Notify Medical Officer of Health, who will advise on staff member management
<b>Meningococcal disease</b>	Health care personnel including ambulance staff, exposed to the case during cardiopulmonary resuscitation or unprotected contact during endotracheal intubation or the patient coughed in their face or prolonged close exposure without adequate protection e.g. surgical mask	Staff names to be forwarded to Occupational Health team or Infectious Diseases and Community and Public Health. Prophylactic treatment of contacts should ideally be given within 24 hours of notification of a case, however can be given up to 14 days post contact. For clearance of nasopharyngeal <i>N. meningitidis</i> from contacts refer to Pink Book and search under 'meningitis'.
<b>Pulmonary TB</b>	>8 hours (cumulative) without Airborne Precautions in place	Department manager to send exposed staff member details to Occupational Health. Patient contact names to be forwarded to Community and Public Health.
<b>Scabies</b>	Close contact with a patient diagnosed with scabies without Contact Precautions in place	If topical treatment is offered, this will be organised by the departmental manager.

**Policy Measurement**

ICNet electronic surveillance data by IPC Service and staff health records will be reviewed by Health and Wellbeing (Occupational Health) to identify trends of concern and take appropriate action.



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