	The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual Infection Control	<i>Policy Number</i>	IFC002	
		<i>Effective Date</i>	09/01/2010	
		<i>Approval Date</i>	08/31/2010	
	<i>Subject</i>	Infection Control Management of Personnel	<i>Page</i>	1 of 6
			<i>Supersedes</i>	11/29/2005

Keywords: Occupational Health Services, OHS, immunizations, exposure, pre-employment, food handlers, tuberculosis

Table of Contents	Page Number
I. OBJECTIVES	1
II. INDICATIONS FOR USE	1
III. RESPONSIBILITY	1
IV. PROCEDURE	2
V. REPORTABLE CONDITIONS	4
VI. DOCUMENTATION	4
VII. EDUCATION AND COMMUNICATION	5
VIII. SUPPORTIVE INFORMATION	5
Appendix A: JHH Exposure Form	Click Here
Appendix B: JHH Tuberculosis Exposure Form	Click Here
Appendix C: Work Restrictions for Personnel Exposed to or Having Selected Infectious Communicable Diseases	Click Here
Appendix D: Initial Evaluation and Ongoing Treatment for Occupational Exposure	Click Here
Appendix E: Exposure Forms Procedure	Click Here
Appendix F: Physician Information: Infection Control Management of Personnel	Click Here

I. OBJECTIVES


This policy applies to all as are governed by the regulatory requirements of The Johns Hopkins Hospital This policy outlines measures to prevent and control communicable diseases.

II. INDICATIONS FOR USE

It is the policy of the Johns Hopkins Hospital (JHH) to prevent and control infections through the management of exposures and infections among personnel to communicable diseases. In this policy, personnel is defined as all individuals (excluding visitors of individual patients) who have patient contact and/or contact with the environment where care is delivered to patients.

III. RESPONSIBILITY


- A. Occupational Health Service (OHS)
 1. Screen all new hospital personnel who have patient care activities.
 2. Provide vaccine, screening, diagnosis, and post exposure evaluation and treatment for communicable diseases as needed.
- B. Hospital Epidemiology and Infection Control (HEIC)
 1. Consult with Occupational Health Services.
 2. Determine if a communicable disease exposure involving patients, visitors, or personnel has occurred, and contact departments to obtain list of exposed personnel.
 3. Notify Occupational Health Service (OHS) that an exposure has occurred.
- C. Managers/Department Chairs
 1. Ensure that personnel with identified communicable diseases do not work until evaluated and cleared to work by OHS.
 2. In the event of possible communicable disease exposure, compile lists of exposed personnel and patients as directed by HEIC.
 3. Refer symptomatic personnel or personnel who may have had community exposure to communicable disease to OHS for screening.

	The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual Infection Control	<i>Policy Number</i>	IFC002
		<i>Effective Date</i>	09/01/2010
		<i>Approval Date</i>	08/31/2010
	<i>Subject</i>	<i>Page</i>	2 of 6
	Infection Control Management of Personnel	<i>Supersedes</i>	11/29/2005


- D. Clinical Support Personnel
 - 1. Must follow this policy. Must notify their supervisor immediately upon discovery of being exposed to a communicable disease, must follow all related instructions given by their manager and follow all medical instructions given by OHS/HEIC.
- E. Personnel
 - 1. Must follow this policy. Failure to comply with the policy will result in appropriate action, which can include discipline up to, and including loss of privileges and termination.

IV. PROCEDURE

- A. PREVENTIVE MEASURES FOR COMMUNICABLE DISEASES
 - 1. Screening and Immunizations that shall be performed for all personnel
 - a. Required Screening
 - i. Tuberculin skin test (TST)
 - ii. Chest X ray if indicated
 - iii. Varicella, rubeola, mumps and rubella antibody titers
 - iv. Hepatitis B antibody titers
 - b. All personnel shall be screened and should be immune prior to starting work. Non clinical staff and staff who do not have contact with the patients' environment shall be screened prior to starting work, and shall be offered all appropriate vaccinations, but are not required to be immune prior to starting work.
 - c. Proof of Immunity
 - i. Measles, Mumps and Rubella - All personnel with patient contact born after 1956 shall be immune to measles, mumps and rubella. Proof of immunity includes laboratory evidence of measles, mumps or rubella immunity (employees who have indeterminate or equivocal level of immunity upon testing shall be considered nonimmune); or appropriate vaccination (i.e. administration on or after the first birthday of two doses of live measles and mumps vaccines separated by 28 days or more, and one dose of live rubella vaccine). For unvaccinated personnel born before 1957 who lack laboratory evidence of measles, mumps, and rubella immunity or laboratory confirmation of disease, vaccination with two-doses (or booster if there is documentation of previous two-dose MMR) MMR should be strongly considered.
 - ii. Hepatitis B - Personnel who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0,1 and 6 month intervals. Susceptible personnel who do not take the hepatitis B vaccine shall sign a declination form.
 - iii. Varicella - All personnel shall be immune to varicella. Personnel shall have had two doses of vaccine if there is no proof of immunity by blood test.
 - iv. Tetanus/ Diphtheria/ Pertussis (Td/Tdap) - All adults who have completed a primary series of tetanus/ diphtheria- containing product (DTP, DTaP, DT, Td, Tdap) should receive Td boosters every 10 years. As soon as feasible, all personnel younger than 65 years with direct patient contact shall be given a 1-time dose of Tdap.
 - v. Seasonal Influenza - Personnel should be immune to seasonal influenza. Personnel should have one dose of seasonal influenza vaccine annually.
 - 2. Vaccine Exemptions
 - 1. For the rare occasion when medical contraindications occur, a medical exemption may be granted for personnel who present a written statement from a licensed physician or a health officer indicating that immunization against measles, mumps, rubella, hepatitis B, varicella, pertussis, or influenza is medically contraindicated or detrimental to the worker's health. The statement shall indicate whether the exemption should be permanent or temporary. If temporary, the statement shall indicate the date on which the person may receive the immunization.

	The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual Infection Control	<i>Policy Number</i>	IFC002	
		<i>Effective Date</i>	09/01/2010	
		<i>Approval Date</i>	08/31/2010	
	<i>Subject</i>	Infection Control Management of Personnel	<i>Page</i>	3 of 6
			<i>Supersedes</i>	11/29/2005

2. If a worker objects to a required immunization, this worker shall be excluded from duty. Departments may have additional immunization requirements specific to their area. Immunizations Offered to all Susceptible Personnel
3.
 1. MMR (measles, mumps, rubella) vaccine (required)
 2. Influenza vaccine (before and during community influenza season)
 3. Hepatitis B vaccine
 4. Tetanus, Pertussis Diphtheria vaccine (required)
 5. Varicella vaccine (required)
 6. Smallpox – if at risk as determined by HEIC
 7. Rabies - if at risk as determined by HEIC
 8. Meningococcal - if at risk as determined by HEIC (e.g. microbiology laboratory staff)
- B. PERIODIC SCREENING OF EMPLOYEES FOR COMMUNICABLE DISEASE
 1. The only communicable disease for which periodic screening is required is tuberculosis. See section D.3. MANAGEMENT OF EMPLOYEES WITH CONTAGIOUS OR INFECTIOUS DISEASES (See Appendix C)
- C.
 1. Persons, as described in Appendix C, who are identified as having signs or symptoms of contagious or infectious diseases listed in Appendix C shall be referred to OHS for evaluation and determination of their suitability to work. This suitability will be reported to their immediate supervisor. OHS shall notify HEIC immediately of these employees. Personnel may be relieved of duty depending on the illness, its severity and communicability to others. All personnel relieved of duty by OHS due to communicable disease shall be evaluated and cleared by OHS and obtain a "Return to Work Form" before returning to duty.
 2. Management Issues Specific to Food Handlers
 - a. A person with any of the following diseases (confirmed or suspected carrier of the organisms causing any of the following diseases), shall not serve or handle food (see Appendix C):
 - i. Acute gastrointestinal symptoms, regardless of the causative agent, and /or diarrhea, unless physician-certified as noninfectious including but not limited to: Salmonellosis, Typhoid fever or carrier of Salmonella typhi, E coli producing toxin, Cholera and Amebiasis caused by Entamoeba histolytica.
 - ii. Hepatitis A
 - iii. Streptococcal infection caused by group A beta-hemolytic Streptococcus
 - iv. Staphylococcus aureus (actively draining wound) including but not limited to any open draining wound on hands or forearms.
 - v. All conditions listed in Appendix C that result in “exclude from duty” also are excluded from food handling.
- D. IDENTIFICATION AND MANAGEMENT OF EMPLOYEES EXPOSED TO INFECTIOUS OR COMMUNICABLE DISEASES (See also Appendix C)
 1. Persons, as described in Appendix C, who are exposed to infectious or communicable diseases shall report to their supervisor. They or their supervisor shall notify HEIC, who shall direct accordingly. OHS and HEIC shall maintain exposure documentation. (See Appendix A,B, and E)
 2. Exposures to Specific Diseases – See Appendix C, Tuberculosis Control Policy IFC-013, The Infection Control Management of Exposure of Patients and Personnel to Selected Communicable Diseases IFC-012, Bioterrorism Policy and the CDC Guidelines for Infection Control in Health Care Personnel.
 3. Tuberculosis Screening
 - a. Screening of personnel
 - i. A baseline assessment shall be conducted upon hire.
 - ii. Periodic screening shall be performed per CDC guidelines based on an annual risk assessment for tuberculosis performed by HEIC. Personnel (including individuals who handle TB specimens) shall be screened at least annually.
 - b. Recent converters with no known exposure

	The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual Infection Control	<i>Policy Number</i>	IFC002	
		<i>Effective Date</i>	09/01/2010	
		<i>Approval Date</i>	08/31/2010	
	<i>Subject</i>	Infection Control Management of Personnel	<i>Page</i>	4 of 6
			<i>Supersedes</i>	11/29/2005

- i. Definition - Recent TST converters are defined as those who have an increase in their tuberculin (formerly known as PPD) skin test (TST) induration occurring within a 2- year period. A recent conversion in personnel with patient contact shall be defined as a >10mm increase in size of induration within that 2 year period.
 - ii. Management - Personnel who are recent converters shall be evaluated for signs and symptoms and have a chest x-ray to assess for active pulmonary tuberculosis. If active TB is excluded, personnel shall be offered prophylaxis according to CDC guidelines. Persons with suspected active disease shall be referred to a physician for follow-up medical care and treatment.
 - iii. Reporting – TST conversion in personnel and personnel with tuberculosis shall be reported to HEIC.
4. TB Exposures in Personnel
- a. HEIC shall notify the OHS when personnel exposures to tuberculosis occur in the hospital.
 - b. HEIC shall notify the manager(s) of the unit(s) where exposure occurred.
 - c. Managers shall provide form Appendix B of exposed personnel to HEIC and OHS.
 - d. OHS shall notify exposed personnel who require TST screening or other evaluations. A >5 mm TST is considered a positive result for contacts of a known case of TB.
 - e. Personnel with active pulmonary TB shall be excluded from work until completion of 2 weeks of appropriate therapy, show clinical improvement and have 2 negative AFB smears taken 24 hours apart.

V. REPORTABLE CONDITIONS


A. GUIDELINE FOR REPORTING PERSONNEL INFECTIONS AND COMMUNICABLE DISEASE EXPOSURES TO THE DEPARTMENT OF HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL

1. All personnel who have infections or exposures to infectious diseases, may pose a danger to patients or fellow employees:
 - a. Tuberculosis, including skin test conversion
 - b. Purulent lesions of the hand(s)
 - c. Rubella
 - d. Varicella (chicken pox or shingles)
 - e. Measles
 - f. Salmonella
 - g. Shigella
 - h. Meningococcal disease
 - i. Mumps
 - j. Pertussis
 - k. Scabies
 - l. Influenza
 - m. Herpetic whitlow
 - n. E coli 0157:H7
2. Nurse managers /Supervisors/personnel who recognize patterns of infectious illness shall report this to HEIC and OHS.
3. Any infection, which on epidemiologic grounds, may be the result of nosocomial transmission (i.e. Hepatitis, TB, RSV, Influenza, etc).

- B. OHS will report cases to HEIC and maintain the OHS files of personnel.

VI. DOCUMENTATION

OHS and HEIC will maintain exposure documentation. (See Appendix A).

	The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual Infection Control	<i>Policy Number</i>	IFC002	
		<i>Effective Date</i>	09/01/2010	
		<i>Approval Date</i>	08/31/2010	
	<i>Subject</i>	Infection Control Management of Personnel	<i>Page</i>	5 of 6
			<i>Supersedes</i>	11/29/2005

VII. EDUCATION AND COMMUNICATION

This policy shall be communicated to the appropriate JHH personnel via the following channels:

1. Updates and revisions shall be communicated via Medical Staff and Nursing publications.
2. Nurse Managers, Physician Advisors, Residency Coordinators, Department Chiefs and Department Management shall be responsible to train new employees regarding the policy as appropriate, and to communicate updates to the protocol.
3. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site <http://www.insidehopkinsmedicine.org/icpm>. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
4. Placement of policy online at www.insidehopkinsmedicine.org/hpo

VIII. SUPPORTIVE INFORMATION

See Also:

The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual

1. Tuberculosis Control Policy – IFC-013
2. The Infection Control Management of Exposure of Patients and Personnel to Selected Communicable Diseases – IFC-012
3. [Reportable Diseases and Conditions IFC003](#)

References:


1. CDC. Guidelines for Infection Control in Health Care Personnel. 1998
2. Department of Health/Mental Hygiene Code of Maryland Regulations 10.06.01 July, 1993.
3. CDC. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, MMWR 1994; 43 (NO RR-13)
4. Control of Communicable Diseases Manual 19th Edition 2008. Official Report of the American Public Health Association. David L. Heymann MD, Editor
5. SHEA. Guideline for Management of Healthcare Workers Who are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus. 2010.

Sponsor:

- MCEC

Developer:

- Hospital Epidemiology and Infection Control (HEIC)

	The Johns Hopkins Hospital Interdisciplinary Clinical Practice Manual Infection Control	<i>Policy Number</i>	IFC002
		<i>Effective Date</i>	09/01/2010
		<i>Approval Date</i>	08/31/2010
	<i>Subject</i> Infection Control Management of Personnel	<i>Page</i>	6 of 6
		<i>Supersedes</i>	11/29/2005

Review Cycle - 3 years

Medical Board - Approval Date:8/31/10; Effective Date: 9/1/10

Vice President for Nursing & Patient Services

Vice President for Medical Affairs

 Date: _____

 Date: _____