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**KEYWORDS**

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

**POLICY**

This policy applies to all as are governed by the regulatory requirements of The Johns Hopkins Hospital students, University personnel, medical personnel and hospital personnel (POL001 Policy, Protocol and Procedure Development & Management Process. [http://www.insidehopkinsmedicine.org/icpm/POL001-policy\\_development.pdf](http://www.insidehopkinsmedicine.org/icpm/POL001-policy_development.pdf) ). It is the policy of The Johns Hopkins Hospital Medical Institutions (JHMI) to prevent and control communicable diseases. All JHMI personnel will prevent disease transmission to themselves, to other staff and to patients. This policy will provide direction to prevent and control communicable diseases. Pregnant personnel should check with their physician prior to receiving treatment, prophylaxis, or vaccination.


**RESPONSIBILITIES**

Occupational Health Service (OHS)	Screen all new hospital personnel who have patient care activities. Provide vaccine, screening, diagnosis, and post exposure evaluation and treatment for communicable diseases as needed for all staff.
Hospital Epidemiology and Infection Control (HEIC)	Consult with Occupational Health Services. Determine if a communicable disease exposure involving patients, visitors, or health-care workers has occurred. Notify Occupational Health Service (OHS) that an exposure has occurred.
Managers/Department Chairs	Ensure that employees with identified communicable diseases do not work until evaluated and cleared to work by OHS or their private physician. In the event of possible communicable disease exposure compile lists of exposed personnel and patients as directed by HEIC. Refer symptomatic employees or employees who may have had community exposure to communicable disease to OHS for screening.
Clinical/Support Personnel	Must follow this policy. Must notify their supervisor immediately upon discovery of being exposed to a communicable disease and to follow all related instructions given by their manager and to follow all medical instructions given by OHS/HEIC.
Personnel	Must follow this policy. Failure to comply with the policy will result in appropriate action, which can include discipline up to, and including termination.

**PROCEDURES**

**I. PREVENTIVE MEASURES FOR COMMUNICABLE DISEASES**

- A. Prior to clinical activities Screening and Immunizations
  - 1. Required Screening Tests
    - a. Tuberculin (TB) skin test
    - b. Chest X-ray if indicated
    - c. Varicella, rubeola, and rubella antibody tests
    - d. Anti-HBs antibody test
  - 2. Practice will be contingent upon the applicant complying with the parameters of the policy.
  - 3. Immunizations and Proof of Immunity
    - a. Measles

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*A health-care worker born after 1956 who is newly-retained direct employee, or a volunteer of the hospital shall have documentation of receipt of two doses of live measles virus vaccine after becoming 1 year old or proof of immunity by blood test for antibody to rubeola. Occupational Health Services (OHS) shall keep the measles vaccination or immunity status of each worker on file.*

b. Rubella

*A health-care worker born after 1956 shall have documentation of receipt of two dose of live rubella virus vaccine after becoming 1 year old or proof of immunity by blood test for antibody to rubella. OHS shall keep the rubella vaccination or immunity status of each worker on file.*

c. Hepatitis B

Hepatitis B vaccine (series of 3 vaccinations) is offered to all employees at risk in compliance with OSHA standards. Antibody testing is done at the time of pre-employment. Those susceptible employees who do not wish to take the Hepatitis B vaccine must sign a declination form.

d. Varicella

Personnel who work with patients must be immune to varicella. Personnel should have had two doses of vaccine if there is no history of infection and /or proof of immunity by blood test.

e. Vaccine Exemptions

*i 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 rubella or measles 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.*

*ii If a worker objects to an immunization OHS will consult with HEIC and Human Resources to evaluate the request and the ability to accommodate the employee if possible.*

*iii Departments may have immunization requirements specific to their area (i.e. any worker not Immune to rubella will not be allowed to work in Obstetrics)*

B. Immunizations Offered to all Susceptible Personnel

1. MMR (measles, mumps, rubella) vaccine
2. Influenza vaccine (before and during community influenza season)
3. Hepatitis B vaccine
4. Tetanus Diphtheria vaccine
5. Varicella vaccine
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

**II. PERIODIC SCREENING OF EMPLOYEES FOR COMMUNICABLE DISEASE**


The only communicable disease for which periodic screening is required is tuberculosis. Periodic screening of personnel may be necessary any time during employment, given sufficient medical or epidemiological reason.

**III. MANAGEMENT OF EMPLOYEES WITH CONTAGIOUS OR INFECTIOUS DISEASES**

(See Appendix B)

A. General

Persons, as described in Appendix C, who are identified as having signs or symptoms of contagious or infectious diseases listed in Appendix B will be referred to the Occupational Health Service (OHS) for evaluation and determination of their suitability to continue to work. This suitability will be reported to their immediate supervisor. (Occupational Health Service will notify Hospital Epidemiology and Infection Control

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(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 Occupational Health due to communicable disease must be evaluated by Occupational Health to obtain a Return to Work form before returning to duty.

**B. Management Issues Specific to Food Handlers**

A person with any of the following diseases (confirmed or suspected carrier of the organisms causing any of the following diseases), may not serve or handle food (see Appendix B):

1. 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.
2. Hepatitis A
3. Streptococcal infection caused by group A beta-hemolytic Streptococcus
4. Staphylococcus aureus (actively draining wound) (Appendix B) including but not limited for any open draining wound on hands or forearms.
5. All conditions listed in Appendix B that result in “exclude from duty” also are excluded from food handling.

**IV. MANAGEMENT OF EMPLOYEES EXPOSED TO INFECTIOUS OR COMMUNICABLE DISEASES**

(See also Appendix B)

**A. General**

Persons, as described in Appendix C, who are exposed to infectious or communicable diseases will report to their supervisor. They or their supervisor will notify HEIC, who will direct accordingly. OHS and HEIC will maintain exposure documentation. (See Appendix A-1 and A-2)

**B. Exposures to Specific Diseases – See Appendix B, Tuberculosis Control Policy – IFC-013, The Infection Control Management of Exposure of Patients and Personnel to Selected Communicable Diseases – IFC-012, Bioterrorism – IFC-038 and Scabies – IFC-007 and the CDC Guidelines for Infection Control in Health Care Personnel, 1998**


**C. Tuberculosis Screening**

**1. Screening of Personnel**

- a. Screening of all personnel with potential exposure to M. tuberculosis. (A baseline assessment is conducted based on current regulatory agency guidelines.)
- b. Volunteers will be screened for Tuberculosis.
- c. Periodic Screening
  - i. Screening for all personnel will be performed per CDC guidelines based on an annual risk assessment for tuberculosis performed by the Department of Hospital Epidemiology and Infection Control (HEIC). OHS will provide TB Screening as directed by regulatory agency guidelines.
  - ii. All personnel assigned to highest risk areas should be screened twice yearly. High-risk areas will be identified using current regulatory agency guidelines.

**2. Recent Converters with no known exposure**

- a. Definition - Recent PPD converters are defined as those who have an increase in their PPD skin test induration occurring within a 2- year period. A recent conversion in a HCW should be defined generally as a >10mm increase in size of induration within that 2 year period. (Please review reference for PPD conversions – Guidelines for Preventing The Transmission of Mycobacterium tuberculosis in Health-care Facilities, 1994. MMWR October 28,1994. Page 62-63)
- b. Management
  - i. Personnel who are recent converters should be evaluated for signs and symptoms

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- and have a chest x-ray to assess for active pulmonary tuberculosis.
- ii. If active TB is excluded, personnel will be offered prophylaxis according to CDC guidelines.
- iii. Persons with suspected active disease shall be referred to a physician for follow-up medical care and treatment.
- c. Reporting – Reports of PPD conversion in personnel and personnel with tuberculosis should be reported to HEIC.
- 3. TB Exposures in Hospital Personnel
  - a. HEIC will notify the Occupational Health Services (OHS) when personnel exposures to tuberculosis occur in the hospital.
  - b. HEIC will provide form A-2 of exposed personnel to OHS.
  - c. OHS will notify employees who require PPD screening when they must return to OHS.
- 4. Personnel with Active TB  
Personnel with active pulmonary TB will be excluded from work until completion of 2 weeks of appropriate therapy and clinical improvement has been documented with the addition of 3 negative AFB smears taken 24 hours apart.

**V. GUIDELINE FOR REPORTING EMPLOYEE INFECTIONS AND COMMUNICABLE DISEASE EXPOSURES TO THE DEPARTMENT OF HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL**

- A. Report to the Department of Hospital Epidemiology and Infection Control department:
1. All employees who have infections or exposures to infectious diseases, which could pose a danger to patients or fellow employees including:
    - 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. Pertussis
    - j. Scabies
    - k. Influenza
    - l. Herpetic whitlow
    - m. *E coli* 0157:H7
  2. Nurse managers /Supervisors who recognize patterns of possibly infectious illness will report this to HEIC and OHS.
  3. Any infection, which on epidemiologic grounds, could be nosocomial (i.e. Hepatitis, TB, RSV, Influenza, etc).
- B. Occupational Health Services will report cases to Hospital Epidemiology and Infection Control and maintain the OHS files of personnel.

**REFERENCES**

CDC. Guidelines for Infection Control in Health Care Personnel. 1998  
 Department of Health/Mental Hygiene Code of Maryland Regulations 10.06.01 July, 1993.  
 CDC. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, MMWR

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1994; 43 (NO RR-13)

Control of Communicable Diseases Manual 18<sup>th</sup> Edition 2005. Official Report of the American Public Health Association. David L. Heymann MD, Editor

**SPONSOR**

Hospital Epidemiology and Infection Control (HEIC)

**DEVELOPER**

Hospital Epidemiology and Infection Control (HEIC)

**COMMUNICATION/EDUCATION**

Policy #IFC-002, Infection Control Management of Personnel, will be disseminated throughout the organization via the following channels:

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

1. Updates and revisions will be communicated via Medical Staff and Nursing publications.
2. Nurse Managers, Physician Advisors, Residency Coordinators, Department Chiefs and Department Management will 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.hopkins-HEIC.org](http://www.hopkins-HEIC.org).

**REVIEW CYCLE**


3 years

**APPROVAL**

<b>REVIEW CYCLE</b>	• Three (3) years	<b>MEDICAL BOARD</b>	Approval Date: 11/29/05 Effective Date: 11/29/05
VICE PRESIDENT FOR MEDICAL AFFAIRS			
_____			
Date:			





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Appendix B  
The Johns Hopkins Hospital  
Hospital Epidemiology and Infection Control

**WORK RESTRICTIONS FOR PERSONNEL EXPOSED TO  
OR HAVING SELECTED INFECTIOUS COMMUNICABLE DISEASES**

These are general guidelines used by Occupational Health Services for decisions regarding work restrictions. Work restrictions will be determined on an individual basis.

Categories

1. No restriction
2. Exclude from duty
3. Exclude from patient contact, patient environment, food handling

<b>DISEASE/PROBLEM</b>	<b>WORK RESTRICTION</b>	<b>DURATION</b>
Conjunctivitis	Exclude from duty	Until discharge ceases
Adenovirus	Exclude from patient contact, contact with environment, food handling	Until 14 days after onset of symptoms
Cytomegalovirus infection	No restriction	
<b>Diarrheal diseases</b> Acute stage (diarrhea with other symptoms)	<u>Exclude from duty</u>	Until symptoms resolve
Convalescent stage, <i>Salmonella spp.</i>	<u>Exclude from duty</u>	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool culture
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and 2 cultures obtained $\geq$ 24 hours apart are negative
Enteroviral infections	<u>Exclude from duty</u>	Until symptoms resolve
Hepatitis A	Exclude from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice
Hepatitis B Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure prone procedures	No restriction*; refer to stat regulations; standard precautions should always be observed	
Personnel with acute or chronic hepatitis B antigenemia who perform	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and	Until hepatitis B antigen is negative



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exposure-prone procedures	recommend procedures the workers can perform, taking into account specific procedure as well as skill and technique of worker; refer to state regulations	
Hepatitis C	No restriction-	
<b>Herpes Simplex Genital</b>	No restriction	
Hands (herpetic whitlow)	Restrict from patient contact and contact with the patient's environment	Until lesions heal
Orofacial	Evaluate for need to restrict from care of high-risk patients <u>Evaluate according to location/severity</u>	
Human immunodeficiency virus	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of the worker; standard precautions should always be observed; refer to state regulations	
<b>Measles Active</b>	Exclude from duty	Until 4 days after the rash appears
Postexposure (susceptible personnel)	Exclude from duty	From the day 5 through day 21 post exposure and/or 4 days after rash appears
Meningococcal infections	Exclude from duty	Until 24 hours after start of effective therapy
<b>Mumps Active</b>	Exclude from duty	Until 9 days after onset of parotitis
Postexposure (susceptible personnel)	Exclude from duty	From day 12 through day 26 post exposure or until 9 days after onset of parotitis
Parvovirus	Exclude from duty	For 7 days after the onset of illness/consult with HEIC
Pediculosis	<u>Exclude from duty</u>	Until treated and observed to be free of adult and immature lice
<b><u>Pertussis</u> Active</b>	Exclude from duty	From beginning of catarrhal stage through 3 <sup>rd</sup> wk after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
<b>Pertussis Postexposure (asymptomatic personnel)</b>	No restriction, prophylaxis recommended	
Postexposure (symptomatic personnel)	Exclude from duty	Until 5 days after start of effective antimicrobial therapy


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<b>Rubella</b> Active	Exclude from duty	Until 7 days after rash appears
Postexposure (susceptible personnel)	Exclude from duty	From day 7 through day 21 post exposure
SARS	Exclude from duty	Until 10 days after onset of fever
Scabies	<u>Exclude from duty</u>	Until cleared by medical evaluation
<u>Staphylococcus aureus</u> <u>infection</u> Active, draining skin lesions (including MRSA)	<u>Exclude from duty</u>	Until lesions have resolved
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism	
<i>Streptococcal</i> infection, group A	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started
<b>Tuberculosis</b> Active disease	Exclude from duty	Until completion of 2 weeks of appropriate therapy and clinical improvement has been documented with the addition of 2 negative AFB smears
PPD converter	No restriction	
<b>Varicella</b> Active	Exclude from duty	Until all lesions dry and crust
Postexposure (susceptible personnel)	Exclude from duty	From the day 8 through day 21 (through day 28 if VZIG given) post exposure
<b>Zoster</b> Localized, in healthy person	Cover lesions; restrict from care of high-risk patients †	Until all lesions dry and crust
Generalized or localized in immunosuppressed person	<u>Exclude from duty</u>	Until all lesions dry and crust
Postexposure (susceptible personnel)	Restrict from patient contact	From the day 8 through day 21 (through day 28 if VZIG given) post exposure or, if varicella occurs, until all lesions dry and crust
Viral respiratory infections acute febrile (temperature 38°C or above)	<u>Exclude from duty</u>	<u>Respiratory etiquette</u> Until acute symptoms resolve

\*Unless epidemiologically linked to transmission of infection

†Those susceptible to varicella and who are at increased risk of complications of varicella, such as neonates and immunocompromised persons of any age.

‡ High-risk patients as defined by the ACIP for complications of influenza.

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## Appendix C The Johns Hopkins Hospital

Initial Evaluation and Ongoing Treatment  
for Occupational Exposure at the Johns Hopkins Medical Institutions

<b>GROUP</b>	<b>INITIAL EVALUATION</b>	<b>ONGOING TREATMENT</b>
Johns Hopkins Hospital Employees	Occupational Health Services	Occupational Health Services
Johns Hopkins University Employees	Occupational Health Services	Occupational Health Services
Physicians – Part Time	Occupational Health Services	Occupational Health Services/Primary care physician
Contract Workers	Emergency Room	Referred to primary care physician or employer physician services
Students	Occupational Health Services	Referred to primary care physician (University Health for JHU students)
Volunteers	Emergency Room	Referred to Primary care physician
Visitors	Emergency Room	Referred to Primary care physician