

Health Care Workers with Infectious Diseases



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1. Purpose

The early detection and reporting of infectious diseases in Healthcare Workers (HCW) is important in the control of hospital acquired (nosocomial) infections. These requirements are particularly important for personnel caring for newborns, obstetric patients, and immunocompromised patients.

2. Definitions

Health Care Worker (HCW) refers to all paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials including body substances, contaminated medical supplies and equipment, contaminated environmental services, or contaminated air.

Standard Precautions are designed to ensure that work practices are in place to protect all patients and staff from potentially infectious blood and body substances regardless of their diagnosis or infection status. Based on the assumption that all blood and body fluids are potentially infectious, these guidelines should be used as a first line approach to infection prevention and control. Applying standard precautions also reduces transmission from an infected HCW to their susceptible patients and work colleagues.

Infection -Invasion by an agent that, under favourable conditions, multiplies and produces effects that are injurious to the patient.

Immunocompromised refers to people with suppressed immunity such as those with Human Immunodeficiency Virus (HIV) infection, leukaemia, lymphoma, malignancy or are immunosuppressed as a result of therapy with corticosteroids or radiation.

3. Responsibilities

It is the responsibility of **all medical, nursing, allied health and support services staff (ISS)** staff to familiarise themselves with this guideline and seek appropriate medical advice for diagnosis of suspected infections.

All Health Care Workers (HCWs) have a responsibility to follow medical advice and treatment of any infection, to practise a high standard of personal hygiene, and to follow Infection Prevention and Control principles.

HCWs have a duty of care to advise their manager of any infectious disease diagnosed.

HCW's laboratory results will always be treated in the strictest confidence and in accordance with the hospital privacy policy: [Personal Information Privacy Policy](#) and [Personal Information Privacy Guideline](#).

Staff will receive paid sick leave in accordance with their award entitlements.

Staff may obtain confidential advice from Infection Prevention and Control if they are diagnosed with a transmissible infection not included in the list below or if they require further information regarding any of the conditions discussed.

4. Guideline

The decision to redeploy a staff member from a specific area must be made on the basis of individual assessment of the staff member's clinical condition, role and the area involved. Consultation may be sought from the Infection Prevention and Control Department, or an Infectious Diseases Physician.

See [appendix 1](#) for the summary of suggested work restrictions for Healthcare Personnel exposed to or infected with an infectious disease.

5. Evaluation, monitoring and reporting of compliance to this guideline

- Healthcare Associated Infection Surveillance
- Quality and Safety Report.

6. References

1. American Academy of Paediatrics, Committee on Infectious Diseases. 2015 Red Book: Report of the

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Committee on Infectious Diseases. 30th Ed. Elk Grove Village, Ill. USA.

2. Department of Health and Human Services- Disease information and advice. Available at: <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice> Accessed May 2019.
3. National Health and Medical Research Council, The Australian Immunisation Handbook Available at: <https://immunisationhandbook.health.gov.au/> Accessed May 2019
4. NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2010. Currently under review. Available at: <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2010> Accessed May 2019
5. The Women's policies, guidelines and procedures related to:
 - [Health Care Worker Pregnant - Infectious Diseases Risks and Exposures](#)
 - [Chickenpox \(Varicella\) and Shingles \(Herpes Zoster\) Exposure.](#)
 - [Exposure Prone Procedures](#)

7. Legislation/Regulations related to this guideline

Not applicable.

8. Appendices

Appendix 1 - [Summary of suggested work restrictions for Healthcare Personnel Exposed to or Infected with an Infectious Disease.](#)

Please ensure that you adhere to the below disclaimer:

PGP Disclaimer Statement

The Royal Women's Hospital Clinical Guidelines present statements of 'Best Practice' based on thorough evaluation of evidence and are intended for health professionals only. For practitioners outside the Women's this material is made available in good faith as a resource for use by health professionals to draw on in developing their own protocols, guided by published medical evidence. In doing so, practitioners should themselves be familiar with the literature and make their own interpretations of it.

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You are encouraged to consult other sources in order to confirm the information contained in any of the guidelines and, in the event that medical treatment is required, to take professional, expert advice from a legally qualified and appropriately experienced medical practitioner.

NOTE: Care should be taken when printing any clinical guideline from this site. Updates to these guidelines will take place as necessary. It is therefore advised that regular visits to this site will be needed to access the most current version of these guidelines.

Appendix 1

Summary of Suggested Work Restrictions for Healthcare Personnel Exposed to or Infected with an Infectious Disease



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Disease/Infection	Work Restriction	Comments
Conjunctivitis		
	Restrict from contact with patients and their environment until symptoms have resolved.	
Cytomegalovirus		
	No restriction. Pregnant women should be aware of the risks of acquiring CMV and measures to reduce transmission.	With appropriate standard precautions staff are not at increased risk of acquiring or transmitting CMV.
Diphtheria		
	Exclude from duty until antimicrobial therapy completed (usually 2 weeks) and two negative swabs obtained 1st swab not less than 24 hrs after finishing antibiotics and 2nd 48 hrs later.	Contacts to have nose and throat swabs collected. Carriers treated with antibiotics. Staff exclusion to be determined after Infectious Diseases consultation
Enterovirus		
(e.g. Hand, foot and mouth disease)	Restrict from care of infants, neonates and immunocompromised patients until symptoms resolve	Avoid piercing blisters as fluid within is infectious.
Epstein-Barr Virus		
(EBV; Infectious Mononucleosis) Glandular Fever	No work restrictions HCW with active EBV should not care for patients receiving organ transplants including bone marrow	Standard Precautions
Gastroenteritis		
Acute Stage (diarrhoea with, or without other symptoms) Salmonella typhi/S.paratyphi	Restrict from duty until 48 hours after symptoms resolved. Those with patient care and food handling responsibilities infected with Salmonella typhi / Salmonella paratyphi should be redeployed until their symptoms resolve and have 3 negative stool cultures collected over 3 consecutive weeks, the 1st collected 48 hours after antibiotic therapy has ceased .	HCW with viral gastroenteritis must not work come to work until 48 hrs after symptoms have ceased
Hepatitis A		
	Restrict from contact with patients and their environment or food handling until 7 days after onset of jaundice or illness.	
Hepatitis B		
Staff who do not perform Exposure Prone Procedures	No restrictions	Regular consultation with a physician is essential to monitor activity of infection
Staff who do perform Exposure Prone Procedures	Refer to the EPP guideline	Exposure Prone Procedures

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Disease/Infection	Work Restriction	Comments
Hepatitis C		
Staff who do not perform Exposure Prone Procedures	No restrictions	Regular consultation with a physician is essential to monitor activity of infection
Staff who do perform Exposure Prone Procedures	Refer to the EPP guideline	Exposure Prone Procedures
Herpes Simplex Virus		
Orofacial (cold sore)	Restrict from contact with patients and their environment until lesions are dried or can be entirely covered by a "cold sore patch". Avoid touching lesions. Strict hand hygiene	
Hands (herpetic whitlow)	Restrict from contact with patients and their environment until lesions are dried Strict hand hygiene	
Genital	No restriction	
Human Immuno-deficiency Virus		
Staff who do not perform Exposure Prone Procedures	No restrictions	Regular consultation with a physician is essential to monitor activity of infection
Staff who do perform Exposure Prone Procedures	Refer to the EPP guideline	Exposure Prone Procedures
Influenza		
-GP / Lab confirmed	Restrict from duty until 5 days after symptom onset or 72 hours of anti-influenza medication	Annual immunisation is available to all staff
Measles		
Active disease	Exclude from duty, until 5 days after the rash appears.	MMR vaccine recommended for all HCW born during or after 1966 who do not have documented evidence of 2 doses of MMR vaccine or previous documented positive Measles IgG serology
Post exposure	Non immune (Measles IgG negative) staff should be excluded from duty until 14 days after last exposure unless they receive either MMR vaccine within 72 hours or immunoglobulin within 7 days of their first exposure.	

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Disease/Infection	Work Restriction	Comments
Meningococcus (<i>Neisseria meningitidis</i>)		
Active disease	Exclude from duty, until 24 hours after start of effective therapy that will clear nasopharyngeal carriage e.g. Rifampicin, Ceftriaxone or Ciprofloxacin	
Post exposure	No work restriction Prophylactic antibiotics may be indicated if HCW involved in exposure	Chemoprophylaxis required following significant exposure e.g. HCW's who have performed mouth to mouth resuscitation, intubation or suction on a patient with meningococcal disease
Mumps		
Active disease	Exclude from duty until 9 days after the onset of parotitis.	
Post exposure	HCWs who are not immune and do not have documented immunisation history should be excluded from duty from day 14 – 25 post exposure	MMR vaccine recommended for all HCW born during or after 1966 who do not have documented evidence of 2 doses of MMR vaccine or previous documented positive Mumps IgG serology
Parvovirus		
	Staff with parvo virus infection are unlikely to be infectious once the rash is obvious. The virus is likely to be transmitted during the prodromal phase when fever and respiratory symptoms are more prominent.	Staff who have worked in maternity services during this time should contact the IPC department on x2791
Pediculosis Capitus		
(Head Lice)	Restrict from patient contact until treated, using the 'conditioner and combing method or a registered insecticidal product Staff should complete a full course of treatment,	Contact Precautions.
Pertussis		
Active disease	Exclude from duty 5 days after commencing antibiotics. Those who do not receive appropriate antimicrobial therapy should be excluded for 21 days after onset of symptoms.	
Post exposure	No work restriction	Chemoprophylaxis may be considered
Polio		
	Exclude from duty until symptoms have resolved and faecal excretion ceased (typically up to 6 weeks).	Immunisation of contacts.

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Disease/Infection	Work Restriction	Comments
Rash (general)		
	Consult medical practitioner to obtain definitive diagnosis. Exclude from duty	Standard Precautions
Respiratory Symptoms		
	Exclude from patient contact until no longer symptomatic	
Rubella		
Active disease	Exclude from duty 4 days after rash appears.	
Post exposure	HCWs who are not immune and do not have documented immunisation history should be excluded from duty from day 14 to day 21 post exposure	MMR vaccine recommended for all HCW born during or after 1966 who do not have documented evidence of 2 doses of MMR vaccine or previous documented positive Rubella IgG serology
Scabies		
	Exclude from duty until the day following the first application of appropriate treatment. Staff should complete a full course of treatment - usually two courses one week apart	
Staphylococcal skin infections		
	Exclude from duty until 24 hours after appropriate treatment has been completed. Lesions on exposed skin must be covered with watertight dressing. Those with recurrent infections may require assessment by an Infectious Diseases physician to determine carrier status and possible antibiotic therapy.	Staff must be able to perform hand hygiene to work
Group A Streptococcus		
(e.g. Pharyngitis or Impetigo)	Restrict from contact with patients and their environment or food handling until 24 hours after adequate treatment has commenced.	
Tuberculosis		
	Exclude from duty, until a medical certificate from treating doctor states HCW is not considered infectious.	BCG vaccination not routinely recommended in Australia. Consult ID physician for further information.

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Disease/Infection	Work Restriction	Comments
Varicella (Chickenpox)		
●Active disease	Exclude from duty until all the lesions are crusted over.	
●Post exposure	<p>HCWs who are not immune and do not have documented immunisation history should be excluded from duty from day 10 – 21 post exposure.</p> <p>HCWs who receive ZIG or Varicella immunisation within 5 days post exposure, may continue to work, but MUST report any rash that occurs within 6 weeks and avoid patient contact until varicella is excluded.</p>	<p>A “significant exposure is face to face contact for 5 minutes or in the same room for 1 hour.</p> <p>HCW with unknown or negative Varicella IgG should be vaccinated, preferably within 3 days, but can be up to 5 days post exposure.</p> <p>ZIG may be offered to pregnant HCWs who have had a significant exposure in consultation with the Infectious Diseases team</p>
Zoster		
(Shingles)	Exclude from duty until all the lesions are crusted over.	