Staff Health (Infection Prevention) Policy

Purpose

This policy is a guide for Te Tai o Poutini West Coast and Waitaha Canterbury staff and managers on appropriate control measures to protect patients and colleagues from common infectious diseases and conditions.

Policy

All staff 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

All Te Tai o Poutini West Coast and Waitaha Canterbury employees.

Legislative Requirements and National Standards

Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) – Outcome 5 Te Kaupare Pokenga Me Te Kaitiakitanga Patu Huakita (Infection Prevention and Antimicrobial Stewardship) and Health & Safety at Work Act 2015

Roles and Responsibilities

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.

Infection Prevention and Control Advisory Committee

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

Infection Prevention and Control Service

The role of the Infection Prevention and Control Service is, in liaison with the Occupational Health staff, 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.

Occupational Health

The role of the Occupational Health staff is, in liaison with the Infection Prevention and Control staff, 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 or Occupational Health staff.

All Staff

All 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 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 Occupational Health Service for advice.

Vaccine-Preventable Diseases

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 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.

All staff are required, as part of recruitment process, to provide proof of immunity to Occupational Health who, if required, may offer vaccination.

Infectious Conditions with Work Restrictions

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

Work restrictions may be recommended or enforced for 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
Hepatitis A	Yes		Until 7 days after onset of jaundice	
Hepatitis B	Consult with Occupational Health if staff are performing exposure prone procedures	Healthcare workers (HCWs) must use Standard Precautions for procedures that involve 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	
Hepatitis C	Consult with Occupational Health if staff are performing exposure prone procedures	HCWs must use Standard Precautions for any procedure that involve 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	
Human Immunodeficiency Virus (HIV)	Consult with Occupational Health if staff are performing exposure prone procedures	HCW must use Standard Precautions for any procedure that involve 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 Infection Management Service (IMS) 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
Acute Diarrhoea/ Gastroenteritis (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	
Campylobacter enteritis	Yes	Notifiable disease to Community & Public Health	Until HCW asymptomatic for 48 hours	
Enteroviral infections (Coxsackie viruses, Echoviruses, Enteroviruses, Polioviruses)	No	HCWs should not care for infants, new-borns and immunocompromised patients and their environment	Until HCW's symptoms resolve.	
Salmonella	Yes		Until HCW asymptomatic for 48 hours	
Yersinia	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
Lice (Head/Pubic)	No	Ensure prompt treatment sought		
Scabies	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
COVID-19 positive	Yes	Notifiable disease to Community and Public Health	Follow isolation guidelines as per Ministry of Health. For further advice consult Occupational Health, IPC or Infection Management Service (IMS)	
Diphtheria	Yes		Until antimicrobial therapy completed and two negative screens 24 hours apart	
Group A Streptococcal infection	Yes		Until 24 hours after appropriate antibiotic treatment is commence	
Influenza and/or **ILI (e.g RSV)**	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	
Pertussis (Whooping Cough) Active	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	
Pertussis Post-exposure (asymptomatic)	No	Advise post exposure prophylaxis		
TB (Pulmonary)	Yes *refer NZ TB Guidelines 2010*	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
Conjunctivitis (Infectious)	Yes		Until discharge ceases	
Herpes Simplex - Hand (herpetic whitlow)	Yes	HCWs should not care for high risk patients	Until lesions heal	
Herpes Simplex - Orofacial (cold sores)	Requires consultation with IPC or Occupational Health in high risk areas		Until lesions heal	
Herpes Simplex - Genital	No			
Herpes zoster (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	
Herpes zoster (Shingles) Post exposure				Relieve from direct patient contact if pregnant staff member not immune
MRSA	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	
Other MDRO	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	
Staphylococcus aureus (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
Chicken Pox (Varicella- zoster) Active	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
Chicken Pox (Varicella- zoster) Post exposure – unknown immune or reported non-immune status	Discuss with Occupational Health or IPC			
Measles Active	Yes		Until at least 5 days after the rash appears.	
Measles Post exposure	Discuss with Occupational Health or IPC	Refer to Occupational Health Team to discuss immune status.		
Meningococcal infections	Yes		Until 24 hours after start of appropriate antibiotic therapy.	Rifampicin and Ciprofloxacin prophylaxis not recommended during pregnancy
Mumps Active	Yes		Until 5 days after onset of parotitis.	
Mumps Post exposure	Discuss with Occupational Health or IPC	Refer to Occupational Health Team to discuss immune status.	From 12-26 days after exposure	
Rubella Active	Yes		Until 7 days after the rash appears	
Rubella 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, 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

Disease	Exposure risk	Staff follow-up
Blood borne viruses	Blood and body fluid exposure incident	Refer BBFE policy *(Ref 2400382)*
Meningococcal disease	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 *N. meningitidis* from contacts refer to Pink Book and search under 'meningitis'.
Pulmonary TB	>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.
Scabies	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 Occupational Health to identify trends of concern and take appropriate action.

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