

**Policy Applies to:** All staff employed by Mercy Hospital.

Credentialed Specialists and Allied Health Professionals involved in the provision of service will be facilitated to meet the requirements of this policy.

**Related Standards:**

Infection and Prevention and Control Standards NZS 8134.3:2008  
EQuIP 1.5.1 and 1.5.2 Infection Control

**Rationale:**

This policy ensures the appropriate management of staff concerning the prevention of transmission of communicable diseases.

**Definitions:**

**Infectious Disease:** A disease, transmissible (as from person to person) by direct contact with an infected individual or by the individual's excreta by indirect means (as by a vector through the environment).

**Abbreviations:**

**IPC:** Infection Prevention and Control

**ID:** Infectious diseases specialist

**Objectives:**

To provide infection prevention and control risk management response protocol when staff have an infectious disease.

**Implementation:**

Staff reporting of illness to managers and Infection Prevention and Control Nurse (IPC Nurse).

Assessment by IPC Nurse, General Practitioner, and Medical Officer of Health (MOH) as required.

Screening of staff before employment

**Evaluation:**

Infection Prevention and Control monthly board reporting

IPC Committee bi-monthly meeting minutes

Incident forms

### **Associated Documents**

#### **Internal**

Staff Immunization Policy

By-Laws for Credentialed Specialists

MDRO policy

Infectious Disease Patient Management

#### **External**

Communicable Disease Control Manual (Ministry of Health, Revised 2021)

Guidelines for the Control of Methicillin-resistant *Staphylococcus aureus* in New Zealand. Ministry of Health 2002

Guidelines for Tuberculosis Control in New Zealand, 2010

Guidelines for the Management of Norovirus Outbreaks in Hospitals and Elderly Care Institutions (Ministry of Health, 2009)

Health and Safety at Work Act 2015

Health (Infectious and Notifiable Diseases) Regulations 2016

Health Act 1956.

List of Diseases Notifiable to the Medical Officer of Health, Ministry of Health, 2017.

Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
AIDS <i>See "HIV"</i>						
Bacillus Cereus <i>See "Gastroenteritis"</i>						
Brucellosis	Consumption of unpasteurised dairy products infected soil, manure, and water	5-60 days	Rare human to human transmission by sexual intercourse	Not required	Cover wounds with occlusive dressings	Contact ICP Nurse and Infectious Diseases Physician
Campylobacter <i>See "Gastroenteritis"</i>						
Chickenpox <i>See "Varicella"</i>						
Colds (coryza) <i>See "Respiratory infections"</i>						
Cold Sores <i>See "Herpes Simplex Virus"</i>						

Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
<b>Conjunctivitis</b> <ul style="list-style-type: none"> <li>Bacterial, Chlamydial, Gonococcal</li> </ul>	Pus	While symptomatic	24-72 hours	yes Until 24 hours post-effective antimicrobial treatment		
<ul style="list-style-type: none"> <li>Acute viral, acute haemorrhagic</li> </ul>			Duration of symptoms			
<b>Coronavirus (Notifiable disease if *)</b> <ul style="list-style-type: none"> <li>Non-pandemic strains</li> <li>SARS-CoV2 (COVID-19) *</li> <li>SARS – CoV (Severe Acute Respiratory Disease) *</li> <li>MERS – CoV MER (Middle East Respiratory Syndrome) *</li> </ul>	Respiratory secretions, direct and non-direct contact with the environment	14 days	Duration of symptoms	Yes, Remove from all work until a clear swab and 48 hours symptom-free.		Immune compromised, long COVID-19 considerations
<b>Clostridium perfringens</b> See "Gastroenteritis"						
<b>Creutzfeldt-Jakob disease (including vCJD)</b> <b>Burkholderia cepacia</b> See "CJD policy" (Notifiable disease)	Blood and body fluid, particularly brain/spinal	unknown	lifelong	no	Seek IPC and ID advice. Special consideration required for certain tasks.	
<b>Cryptosporidiosis</b> See "Gastroenteritis"						

Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
Cytomegalovirus (CMV)	Contact with body fluids	Unclear ( 3-12 weeks)	Episodically for years	No	Seek advice IPC Nurse Consider Immune compromised	Can cause foetal abnormalities
Dermatitis	Contact with infected lesions and secretions		Until lesions have resolved	Restrict from contact with patients and patient's environment until lesions have resolved	Restrict from food handling	Widespread, persisting, deteriorating or infected skin conditions should be seen by IPC
Diarrhoea: See "Gastroenteritis" Convalescent (lasting more than 2 weeks with no medical cause, e.g., Crohns, IBS)						
English Measles See "Measles"						
E.coli See "Gastroenteritis"						
Epstein Barr Virus (Infectious mononucleosis)	Saliva and Respiratory secretions	4-6 weeks	Prolonged	Staff should not work while symptomatic	Side effects of recovery to be considered for return to work planning	Seek advice from IPC Nurse
ESBL	faeces	variable	Lifelong colonisation	no		Seek IPC advice
Food Poisoning See "Gastroenteritis"						

Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
<p><b>Gastroenteritis</b> (Diarrhoea defined as <math>\geq 3</math> per day)</p> <ul style="list-style-type: none"> <li>• Adenovirus (enteric)</li> <li>• Bacillus Cereus</li> <li>• Clostridium botulinum (Botulism) (Notifiable disease)</li> <li>• Campylobacter species (Notifiable disease)</li> <li>• Cholera (Vibrio cholerae) (Notifiable disease)</li> <li>• Clostridium difficile (enterocolitis)</li> <li>• Clostridium perfringens (Notifiable disease)</li> <li>• Cryptosporidium species (Notifiable disease)</li> <li>• Entamoeba histolytica</li> <li>• E.coli (enteropathogenic, or O157:H7 and other Shiga toxin-producing strains) (Notifiable disease)</li> <li>• Giardia lamblia (Giardiasis)</li> <li>• Norovirus</li> <li>• Rotavirus</li> <li>• Salmonella species (including S.typhi).</li> <li>• Shigella species.</li> <li>• Staphylococcal (Notifiable disease)</li> <li>• Typhoid Fever</li> <li>• Vibrio spp. including V.cholerae</li> <li>• Viral if not covered elsewhere</li> <li>• Yersinia enterocolitica (Notifiable disease)</li> </ul>	Faecal – oral		While symptomatic	<p>Yes, until 48 hours symptom-free.</p> <p><b>Notifiable Disease</b> Restrict from duties until symptom-free for 48 hours and 2 consecutive stool samples are clear of the organism.</p>	<p><b>Food handlers</b> should not return to work even after symptoms cease until infection with Salmonella, E.coli, Campylobacter, have been ruled out</p>	<p>Lab test if ongoing, to isolate specific organism or toxin</p>

Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
Giardia See “Gastroenteritis”						
German Measles See “Rubella”						
Glandular Fever See “Epstein-Barr Virus”						
Gulillian-Barre Syndrome	n/a	varies	varies	no	Autoimmune condition Immune compromised.	6 weeks exclusion from vaccine administration from the date of recovery.
Haemophilus influenzae, type b (HiB) (Notifiable disease)	Respiratory secretions			Yes, Until 24 hours after initiation of treatment		
Hepatitis (All types: Notifiable disease)						
<ul style="list-style-type: none"> <li>A &amp; E</li> </ul>	Faecal - oral	2-6 weeks	A few days before and until 7 days after onset of jaundice	Yes and other work environments until assessed by Infection control	Restrict from food handling	Contact IPC Nurse, infectious diseases specialists/MOH
<ul style="list-style-type: none"> <li>B</li> </ul>	Blood/body fluid contact	45-160 days (60-90 days average)	As long as Antigen Positive	Staff with Hepatitis B antigenaemia may be restricted in their work practice (especially if Hep Be antigen-positive)		
<ul style="list-style-type: none"> <li>C</li> </ul>		14 days				
<ul style="list-style-type: none"> <li>D</li> </ul>		14-63 days				

Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
• G		Unknown		Specialist advice will be sought around safe practice		
Herpes Simplex Virus (Cold Sores)	Direct contact with lesions		Until lesions have crusted over			Seek advice from IPC Nurse
Herpes Zoster (Shingles) See "Varicella"						
HIV (Human Immunodeficiency virus)	Percutaneous or sexually transmitted	2 weeks to 6 months	Life-long	Seek advice from Infection Diseases specialist - advice will be sought around safe practice	HIV positive staff who have undiagnosed pneumonia must not enter the hospital premises (risk of TB)	
Impetigo See "staphylococcal infections"	Direct contact		While symptomatic	Yes		
Influenza	Droplets	1-5 days	3-5 days (adults) Up to 7 days for children	Yes, while symptomatic (especially with the elderly)	Staff with influenza should stay away from work to avoid infecting other staff	



Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
<b>Measles (morbilli)</b> <ul style="list-style-type: none"> <li>Active (case)</li> </ul>	Droplets	10 days (may be 7-18 days)	From 1 day before prodrome (fever) (i.e. 4 days before rash) until 4 days after the rash appears	Yes Until 5 days after the appearance of the rash		
			5-21 days after exposure and/or 5 days after the rash appears	Yes Until 14 days after exposure and/or 5 days after the rash appears (in contact)		
<b>Meningococcal infection</b>	Droplets	2-10 days (usually 3-4 days)	Until viable organism is no longer present in respiratory discharges	Yes Until 24 hours after effective antibiotic treatment		Contact Medical Officer of Health re clearance of the organism
<b>MRSA</b> <i>See MDRO policy.</i>	Contact			Yes, if Hospital-acquired, Multi resistant	Community strains can continue to work	Seek IPC nurse advice
<b>Mumps</b> Active (Case)	Droplets	12-25 days (commonly 18 days)	From 7 days before the onset of parotitis until 9 days after onset. Maximum infectivity 2 days before until 4 days after onset of illness	Yes		

Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
<b>Mumps</b> Post-exposure in non-immune (Contact)	Droplets	As above Symptomatic 12th to 26th day after exposure or until 5 days after onset of parotitis	Maximum infectivity 2 days before until 4 days after onset of illness	Yes		All exposed HCW's should report signs or symptoms of illness from 12-25 days after exposure
<b>Norovirus</b> See "Gastroenteritis"						
<b>Pertussis</b> <ul style="list-style-type: none"> <li>Active (case)</li> </ul>	Droplets	7-14 days (range 6 -21 days)	Highly contagious at beginning of the catarrhal stage	Yes		From the beginning of the catarrhal stage until 3rd week after onset of Whoop Cough, or until 5 days after start of effective antibiotic treatment (eg erythromycin)
<ul style="list-style-type: none"> <li>Post-exposure: asymptomatic (contact)</li> </ul>			None, as asymptomatic	No	nil	No Prophylaxis (vaccine) recommended to prevent infection from exposure.
<ul style="list-style-type: none"> <li>Post-exposure: symptomatic Contact)</li> </ul>			Highly contagious at beginning of the catarrhal stage	Yes		Until 5 days after the start of effective antibiotic treatment

Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
Respiratory infections (e.g. common cold)	Droplets	Variable, usually 12-72 hrs	24 hours before symptoms and up to 5 days after	Yes (high-risk patients, e.g. infants, CORD-patients and immune-compromised)		While symptomatic Contact Infection Prevention & Control for further advice
Rotavirus See "Acute Gastroenteritis"						
Rubella Active (Case)	Droplets	14-23 days (usually 14-17 days)	One week before until 7 days after onset of rash	Yes	Remove from contact with non-immune pregnant women	Contact Infection Control
Rubella Post-exposure in non-immune (contact)	Droplets	14-23 days (usually 14-17 days)	One week before until 7 days after onset of rash	Yes	Should not have any contact with non-immune pregnant women	
Salmonella See "Gastroenteritis"						
Scabies	Direct skin to skin contact, bedclothes and underclothes if contaminated directly before use	First infestation: 2-6 weeks Previously infected: 1-4 days	Until mite and eggs are destroyed	Yes, until 24 hours after application of prescribed treatment. Diagnosis must be made by skin scraping or dermatologist		Contact IPC Nurse

Disease	Mode of Transmission	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
Shigellosis (Shigella infection) See "Gastroenteritis"						
Shingles See "Varicella"						
Staphylococcal infection ( <i>boils, abscess, carbuncle, impetigo</i> )	Direct contact	Commonly 4-10 days	As long as purulent lesions persist or carrier state persists	Yes, until no longer infectious	Remove from food preparation.	Seek advice from Infection Prevention & Control
Streptococcal disease (Group A throat infections and skin lesions)	Direct or intimate contact	1-3 days	10-21 days	Yes. While symptomatic or until 48 hours after the start of treatment	Relieve from food preparation	Seek advice from IPC
Staphylococcus aureus See "Acute Gastroenteritis" If causing diarrhoea	Direct Contact with infected site		duration of symptoms	Yes, <b>IF</b> pus, wound unable to be covered, Until 24 hours after starting effective antibiotic treatment		

Disease	Mode of Transmission	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
<b>Tuberculosis (pulmonary)</b> Notifiable Disease	Droplets and aerosols (rarely by direct contact through skin abrasion)	4-12 weeks After at least	While viable tubercle bacilli are in sputum	Yes, until medical clearance to return to work by a medical specialist and/or Medical Officer of Health.  Staff need 14 days of treatment and viable organisms are no longer seen in sputum testing	Infected staff should not return to work within a healthcare facility until medical clearance to return to work by a medical specialist and/or Medical Officer of Health has been obtained	Management according to national guidelines.  Contact tracing will be arranged by the MOH.
<b>Typhoid</b> See “Acute Gastroenteritis”						
<b>Vibrio parahaemolyticus</b> See “Acute Gastroenteritis”						
<b>Varicella (chickenpox)</b> <ul style="list-style-type: none"> <li>Active (case)</li> </ul>	Droplets and fluid from the rash	11-23 days (14-16 average)	Usually up to 5 days before rash and until 7 days after the first crop of vesicles, and until all the vesicles are dry and crusted	Yes  For 7 days after the rash appears and until lesions are dry and crusted		Staff exposed to varicella and unsure of immunity to contact IPC Nurse
<ul style="list-style-type: none"> <li>Post-exposure in non-immune (contact)</li> </ul>				If unvaccinated, or unknown vaccination status		

Disease	Mode of Transmission	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
<b>Varicella (shingles)</b> <ul style="list-style-type: none"> <li>Localised, in a healthy person</li> </ul>	Direct contact with lesions and secretions		For a week after the appearance of vesiculopustular lesions	Cover lesions, and restrict from the care of high risk or susceptible patients. Until lesions are dry and crusted		Seek advice from IPC Nurse IPC Nurse
<ul style="list-style-type: none"> <li>Generalised, or localised, in immunosuppressed person</li> </ul>	Direct contact with lesions and secretions	Variable.	For a week after the appearance of vesiculopustular lesions	Yes Until lesions are dry and crusted		Seek advice from IPC Nurse
<ul style="list-style-type: none"> <li>Post-exposure in non-immune (Contact)</li> </ul>	Vesicle fluid	11-23 days (14-16 average)	Usually up to 3 days before rash and until 6 days after the first crop of vesicles, and until all the vesicles are dry and crusted	Yes From 8 <sup>th</sup> until 21 <sup>st</sup> day after exposure		Staff exposed to shingles and unsure of immunity to contact IPC Nurse
<b>Vomiting</b> See “Acute Gastroenteritis”						48 hours symptom free before return to work.
<b>Whooping cough</b> See “pertussis”						