

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
- Health and Safety at Work Act 2015
- EQuIP 1.5.1 and 1.5.2 Infection Control

Rationale:

This policy ensures the appropriate management of staff with regard to the prevention of transmission of communicable diseases.

Definitions:

Communicable diseases are also known as infectious diseases or transmissible diseases.

Communicable diseases are an infectious 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 vector).

Objectives:

To provide infection prevention and control risk management response protocol when staff have a communicable disease.

Implementation:

- Staff reporting of illness to managers and Occupational Health and Infection Prevention and Control Nurse (OH/IPC Nurse).
- Assessment by OH/IPC Nurse, General Practitioner, Medical Officer of Health (MOH) as required

Evaluation:

Occupational Health and Infection Prevention and Control monthly report

Associated Documents

Internal

- Staff Immunization Policy
- By-Laws for Credentialed Specialists
- MDRO policy

External

- Communicable Disease Control Manual (Ministry of Health, 2012)

- Guidelines for the Control of Methicillin-resistant *Staphylococcus aureus* in New Zealand. Ministry of Health 2002.
- Guidelines for Tuberculosis Control in New Zealand, 2003

Acknowledgements

- Review by Southern Community Laboratory microbiologist
- Southern District Health Board, Guidelines for the Management of Staff with Communicable Diseases, MIDAS 18397 v/3



COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

Page 3 of 19

February 2017

Guidelines for the Management of Staff with Communicable Diseases

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
AIDS						See HIV		Yes
Campylobacter	Faecal-oral	1-10 days	Up to 2-7 weeks		Restrict from food handling. Restricted from duty until symptom-free for 48 hrs.	Until symptom-free for 48 hrs.		Yes
Chickenpox						See Varicella		
Colds (coryza)						See Respiratory infections		
Cold Sores (see Herpes Simplex Virus)								
Conjunctivitis	Contact with discharge	24-72 hours	Until discharge ceases	Yes				

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

Page 4 of 19

February 2017

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Cryptosporidiosis	Faecal-oral	1-12 days	Several weeks after symptoms cease	Yes until symptom - free for 48 hrs	Restrict from food handling. Restricted from duty until symptom-free for 48 hrs.	Until symptom-free for 48 hrs.		Yes
Cytomegalovirus (CMV)	Contact with body fluids	Unclear (? 3-12 weeks)	Episodically for years	No	Seek advice from Infection Control		CMV in pregnancy can cause foetal abnormalities	
Dermatitis	Contact with infected lesions/secretions			Restrict from contact with patients and patient's environment until lesions have resolved	Restrict from food handling	Until lesions have resolved	Widespread, persisting, deteriorating or obviously infected skin conditions should be seen by Infection Prevention and Control	
Diarrhoea (with or without vomiting):	Faecal – oral	Variable (see	Variable (see individual	Yes – should not return to work until		Until symptom-free for 48 hrs.		See individual

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

February 2017

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Acute (all pathogens)		individual conditions)	conditions)	symptom free 48 hours		Food handlers should not return to work even after symptoms cease until infection with Salmonella Shigella or VTEC have been ruled out		pathogens. Notes: Suspected outbreaks of food poisoning are notifiable. Acute gastroenteritis in food handler is notifiable
Diarrhoea: Convalescent	Faecal – oral		Days-months	Yes	Relieve from food handling until stool is free of salmonella shigella or VTEC			Yes

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

February 2017

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
					on 2 consecutive cultures 48 hours apart			
English Measles							See Morbilli	Yes
Giardia	Faecal-oral	3-25 days	While symptomatic	Until symptom-free for 48 hrs.		Restrict from food handling. Restricted from duty until symptom-free 48 hrs.	See Diarrhoea	Yes
Hepatitis A	Faecal - oral	15-50 days (28 days average)	A few days before and after onset of jaundice	Yes and other work environment until assessed by Infection control	Restrict from food handling	Until 7 days after onset of jaundice	Seek advice from Infection Prevention & Control/ MOH	Yes

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Hepatitis B	Percutaneous e.g. needle stick or needle sharing, per-mucosal e.g. splash/sexual	45-180 days (60-90 days average)	As long as Antigen Positive	Staff with Hepatitis B antigenaemia may be restricted in their work practice (especially if HBe antigen positive) Specialist advice will be sought around safe practice			Contact Infection Prevention & Control	Yes (acute infection)
Hepatitis C	Percutaneous e.g. needle stick or needle sharing, per-mucosal e.g. splash/sexual (blood to blood contact)	2 weeks to 6 months (42-63 days average)	One or more weeks before onset of symptoms, while symptomatic, and during carrier state (usually PCR positive).	Specialist advice will be sought around safe practice		People who have acute infection or who are HCV- PCR positive are potentially more infectious	Contact Infection Prevention & Control	Yes (acute infection only)

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Herpes Simplex Virus (Cold Sores)	Direct contact with lesions		Until lesions have crusted over		High risk patients e.g. neonates, CORD patients and immunocompromised		Seek advice from Infection Prevention & Control	
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 hospital premises (risk of TB)	Life-long		AIDS is notifiable (HIV positive is not)
Impetigo	Direct contact		While symptomatic	Yes			See staphylococcal infections	
Infectious	Saliva and	4-6 weeks	Prolonged	Staff should not			Seek advice from	



COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

Page 9 of 19

February 2017

mononucleosis (Epstein Barr Virus)	Respiratory secretions			work while symptomatic			Infection Prevention & Control	
Influenza	Droplets	1-5 days	3-5 days (adults), up to 7 days for children	Refrain from working while symptomatic (especially with elderly)	Staff with influenza should stay away from work if possible to avoid infecting other staff		Vaccinations offered free to all staff annually	

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Measles (morbilli) Active (case)	Droplets	10 days (may be 7-18 days)	From 1 day before prodrome (fever) (i.e. 4 days before rash) until 4 days after rash appears	Yes Until 5 days after appearance of rash		Until 7 days after appearance of rash		Yes
Measles (morbilli) Post-exposure in non-immune	Droplets	As above		Yes Until 14 days after exposure and/or 5		5-21 days after exposure and/or 5 days after		



COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

February 2017

(contacts)				days after rash appears (in contact)		rash appears		
Meningococcal infection	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		Until 24 hrs after effective antibiotic treatment	Contact Medical Officer of Health re clearance of organism	Yes
MRSA	Contact			Yes		See MDRO policy.	Contact Infection Control	

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Mumps Active (Case)	Droplets	12-25 days (commonly 18 days)	From 7 days before onset of parotitis until 9 days after onset. Maximum infectivity 2 days before until 4 days after onset of illness	Yes		Until 9 days after onset of parotitis		Yes



COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

Page 11 of 19

February 2017

Mumps Post-exposure in non-immune (Contact)	Droplets	As above	Maximum infectivity 2 days before until 4 days after onset of illness	Yes		From 12th to 26th day after exposure or until 5 days after onset of parotitis	All exposed HCW's should report signs or symptoms of illness from 12-25 days after exposure, regardless of immune status	
Paronychia	Direct contact		While symptomatic	Yes		Seek advice from Infection Prevention & Control		

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Pertussis Active (case)	Droplets	7-14 days (range 6 -21 days)	Highly contagious at beginning of catarrhal stage	Yes		From beginning of catarrhal stage until 3rd week after onset of paroxysms, or until 5 days	Highly contagious at beginning of catarrhal stage	Yes

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

February 2017

						after start of effective antibiotic treatment (eg erythromycin)		
Pertussis Post-exposure: asymptomatic (contact)	Droplets	As above		No		No Prophylaxis recommended		
Pertussis Post-exposure: symptomatic Contact)	Droplets	As above	Highly contagious at beginning of catarrhal stage	Yes		Until 5 days after start of effective antibiotic treatment		Yes

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Respiratory infections (eg common cold)	Droplets	Variable, usually 12-72 hrs	24 hours before symptoms and up to 5 days after	Yes (high-risk patients, eg infants, CORD-patients and immune-		While symptomatic Contact Infection Prevention &		

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

February 2017

				compromised		Control for further advice		
Rotavirus	Faecal-oral	1-3 days	From 1 day before symptoms until 8-10 days afterwards.	Yes not able to work until symptom free 48 hours	Food handling/ Until asymptomatic for 48 hours	While symptomatic	See diarrhoea	
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	Until 7 days after appearance of rash	Contact Infection Control	Yes
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	From 7th until 21st day after exposure and/or 7 days after onset of rash.		

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Salmonella	Faecal – oral	¼ to 3 days (up to 16 days)	Days-months	Restrict from duty Until symptom free for 48 hours and	Restricted from food handling Until symptom		Consult Infection Prevention & Control before	Yes

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

February 2017

				stool is free of salmonella on 2 consecutive cultures 48 hours apart	free for 48 hours and stool is free of salmonella on 2 consecutive cultures 48 hours apart		returning to work	
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 Infection Prevention & Control	
Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Shigellosis	Faecal-oral	½ to 4 days (up to 1 week)	Up t 4 weeks after illness resolves	Restrict from care of high-risk patients until stool is free of Shigella on 2 consecutive	Remove from food preparation and handling until stool is free of Shigella on 2		Contact Infection Prevention and Control Nurse before returning to	Yes



COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

February 2017

				cultures 48 hours apart	consecutive cultures 48 hours apart		work	
Shingles							See varicella	

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Staphylococcal infection (boils, abscess, carbuncle, impetigo)	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.	As long as purulent lesions persist	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	Relieve from food preparation	While symptomatic or until 48 hours after start of treatment	Seek advice from Infection Prevention & Control	
Tuberculosis (pulmonary)	Droplets and aerosols (rarely by direct contact)	4-12 weeks	While viable tubercle bacilli are in sputum	Yes, until medical clearance to return to work by medical	Infected staff should not return to work within a	After at least 14 days of chemotherapy	Management according to national	Yes



COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

Page 16 of 19

February 2017

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
	through skin abrasion)			specialist and/or Medical Officer of Health	healthcare facility until medical clearance to return to work by medical specialist and/or Medical Officer of Health has been obtained	and viable organisms are no longer seen in sputum	guidelines. Contact tracing will be arranged by the MOH.	
Typhoid							See Salmonella	Yes
Varicella (chickenpox) Active (case)	Droplets and vesicle fluid	11-23 days (14-16 average)	Usually up to 5 days before rash and until 7 days after first crop of vesicles, and until all the vesicles are dry and crusted	Yes	.	For 7 days after rash appears and until lesions are dry and crusted	Staff exposed to varicella and unsure of immunity to contact Infection control	
Varicella (chickenpox) Post-exposure in	As above	As above	As above	Yes		From 8thth until 21st day after exposure (up to	Staff exposed to varicella and unsure of	

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

February 2017

non-immune (contact)						28 days if Varicella Immunoglobulin was given)	immunity to contact Infection Prevention & Control	
Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Varicella (shingles) Localised, in healthy person	Direct contact with lesions and secretions		For a week after appearance of vesiculopustular lesions	Cover lesions, and restrict from care of high risk or susceptible patients		Until lesions are dry and crusted	Seek advice from Infection Prevention & Control	

Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Varicella (shingles) Generalised, or	Direct contact with lesions and secretions		For a week after appearance of vesiculopustular	Yes		Until lesions are dry and crusted	Seek advice from Infection Control	

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

Page 18 of 19

February 2017

localised, in immuno-suppressed person			lesions					
Varicella (shingles) Post-exposure in non-immune (Contact)	Vesicle fluid	11-23 days (14-16 average)	Usually up to 3 days before rash and until 6 days after first crop of vesicles, and until all the vesicles are dry and crusted	Yes From 8 th until 21 st day after exposure	.	For 6 days after rash appears and until lesions are dry and crusted	Staff exposed to shingles and unsure of immunity to contact Infection Prevention & control	
Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Verotoxic E.coli (VTEC or 0157)	Faecal-oral	2-10 days	1 week (adults) 3 weeks (children)	Yes Until stool is free of VTEC on 2 consecutive	Relieve from food handling until stool is free of			Yes

COMMUNICABLE DISEASES - STAFF MANAGEMENT POLICY

February 2017

				cultures 48 hours apart	VTEC on 2 consecutive cultures 48 hours apart			
Whooping cough						See pertussis		Yes
Yersinia		Faecal-oral	3-7 days	While symptomatic	Restrict from duty until symptom-free 48 hrs.	See diarrhoea	Restrictions on blood transfusion	Yes