

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

Evaluation:

Infection Prevention and Control 6 weekly reporting to Infection Prevention and Control Committee (IPCC).

Associated Documents

Internal

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

External

- Communicable Disease Control Manual (Ministry of Health, 2012)
- Communicable Disease Control Manual Updates (Ministry of Health, 2018)
- Guidelines for the Control of Methicillin-resistant *Staphylococcus aureus* in New Zealand. Ministry of Health 2002
- Guidelines for Tuberculosis Control in New Zealand, 2003
- 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 and Infectious Diseases Regulations 1966
- Health Act 1956.

Acknowledgements

- Review by Southern Community Laboratory microbiologist (2017)
- Southern District Health Board, Guidelines for the Management of Staff with Communicable Diseases, MIDAS 18397 v/3 (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
Acute Gastroenteritis (vomiting and /or diarrhoea) (Diarrhoea defined as ≥ 3 per day)	Faecal – oral	Variable (see individual conditions)	Variable (see individual conditions)	Yes	Restrict from duties until symptom free for 48 hours	Until symptom-free for 48 hrs. Food handlers should not return to work even after symptoms cease until infection with Salmonella E.coli, Campylobacter, have been ruled out	Lab testing should be considered if ongoing, to isolate specific organism or toxin	See individual pathogens. Notes: Suspected outbreaks of food poisoning are notifiable. Infection in food handlers is notifiable

**COMMUNICABLE DISEASES (INFECTIOUS DISEASES)
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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Bacillus. Cereus	Oral consumption of contaminated food and soil	0.5-6 hours emetic 8-16 hours diarrhoeal	Up to 48 hours post last symptom	Yes	Restrict from duties until symptom free for 48 hours	Until symptom-free for 48 hrs	See Acute Gastroenteritis	No
Brucellosis	Consumption of unpasteurised goat cheese/milk of infected animals. Non intact skin and parental exposure of infected soil, manure, and water	5-60 days	Rare human to human transmission by sexual intercourse	Not required	Cover wounds with occlusive dressings	If feeling well enough can return to duties 24 hours after commencing antibiotics	See Acute Gastroenteritis Contact ICP Nurse and Infectious Diseases Physician	Yes

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Campylobacter	Faecal-oral	1-10 days	Up to 2-7 weeks	Yes	Restrict from food handling. Restricted from duty until symptom-free for 48 hrs.	Until symptom-free for 48 hrs.	See Acute Gastroenteritis	Yes
Chickenpox							See Varicella	
Colds (coryza)							See Respiratory infections	
Cold Sores							See Herpes Simplex Virus	
Conjunctivitis (bacterial, viral)	Contact with discharge	24-72 hours	Until discharge ceases	Yes		Until discharge ceases or 24 hours after starting treatment	Viral infection can last weeks to a month. Bacterial is self-limiting	No

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Clostridium botulinum	Contact with soil and untreated water. Infected food.	Food 18hrs- 8days Wounds- 4 days to 2 weeks	For duration of diarrhoea	Yes	Will need hospital treatment	Until paralysis resolves	See Acute Gastroenteritis Paralysis and respiratory failure will be treated in hospital	Yes
Clostridioides difficile (C.diff)	Droplet, airborne and contact of infected surfaces usually a result of taking antibiotics	5-10 days post Antibiotic Therapy,	For duration of diarrhoea	Yes	Removed from duty until 48 hours post last symptom	See Acute Gastroenteritis	Over 65 years old, weakened immune system and previous C.diff infection	

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Clostridium perfringens	Oral consumption of infected food	6-24 hours	1-2 weeks	Yes	Removed from duty until 48 hours post last symptom	See Acute Gastroenteritis	Related to inadequate food storage and heating	Yes
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 IPC Nurse		CMV in pregnancy can cause foetal abnormalities	

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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: Convalescent (diarrhoea lasting more than 2 weeks with no medical cause, eg, Crohns, IBS)	Faecal – oral		Days-months	Yes	Relieve from food handling until stool is free of salmonella shigella or STEC on 2 consecutive cultures 48 hours apart			Yes

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English Measles							See Measles	Yes
E.coli							See Acute Gastroenteritis	Yes
Escherichia.coli (Shiga toxin producing, STEC)	Faecal-oral	2-10 days	1 week (adults) 3 weeks (children)	Yes Until stool is free of STEC on 2 consecutive cultures 48 hours apart	Relieve from food handling until stool is free of STEC on 2 consecutive cultures 48 hours apart			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 Acute Gastroenteritis	Yes

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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
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 Hep Be antigen positive) Specialist advice will be sought around safe practice			Contact IPC Nurse	Yes (acute infection)

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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 IPC Nurse N	Yes (acute infection only)
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 IPC Nurse	

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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 mononucleosis (Epstein Barr Virus)	Saliva and Respiratory secretions	4-6 weeks	Prolonged	Staff should not work while symptomatic			Seek advice from IPC Nurse	

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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	
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 (contacts)	Droplets	As above		Yes Until 14 days after exposure and/or 5 days after rash appears (in contact)		5-21 days after exposure and/or 5 days after rash appears		

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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	
MRSA	Contact			Yes			See MDRO policy. Contact Infection Control	Yes
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

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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	
Norovirus	Faecal-Oral Airborne (aerosolised vomit)	10 to 50 hours	(Asymptomatic spread possible) Highly contagious 2 hours from infection and up to 171 hours. Self-limiting infection	Yes and until 48 hours symptom free	Affected staff excluded from work until 48 hours symptom free.	Until symptom free for 48 hours	See Acute Gastroenteritis Consider outbreak protocol Initial confirmation by lab testing of stool.	Yes
Paronychia	Direct contact		While symptomatic	Yes			Seek advice from IPC Nurse	

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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 after start of effective antibiotic treatment (eg erythromycin)	Highly contagious at beginning of catarrhal stage	Yes
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

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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	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 Acute Gastroenteritis	Yes
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

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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.		
Salmonella	Faecal – oral	¼ to 3 days (up to 16 days)	Days-months	Restrict from duty until symptom free for 48 hours and stool is free of salmonella on 2 consecutive cultures 48 hours apart	Restricted from food handling until symptom free for 48 hours and stool is free of salmonella on 2 consecutive cultures, 48 hours apart		See Acute Gastroenteritis Consult Infection Prevention & Control before returning to work	Yes

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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	
Shigellosis (Shigella infection)	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 cultures 48 hours apart	Remove from food preparation and handling until stool is free of Shigella on 2 consecutive cultures 48 hours apart		See Acute Gastroenteritis Contact Infection Prevention and Control Nurse before returning to work	Yes
Shingles							See Varicella	

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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	
Staphylococcus aureus							See Acute Gastroenteritis	

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Tuberculosis (pulmonary)	Droplets and aerosols (rarely by direct contact through skin abrasion)	4-12 weeks	While viable tubercle bacilli are in sputum	Yes, until medical clearance to return to work by medical specialist and/or Medical Officer of Health	Infected staff should not return to work within a healthcare facility until medical clearance to return to work by medical specialist and/or Medical Officer of Health has been obtained	After at least 14 days of chemotherapy and viable organisms are no longer seen in sputum	Management according to national guidelines. Contact tracing will be arranged by the MOH.	Yes
Typhoid							See Acute Gastroenteritis and Salmonella	Yes
Vibrio parahaemolyticus							See Acute Gastroenteritis	Yes

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
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 IPC Nurse	
Varicella (chickenpox) Post-exposure in non-immune (contact)	As above	As above	As above	Yes		From 8thth until 21st day after exposure (up to 28 days if Varicella Immunoglobulin was given	Staff exposed to varicella and unsure of immunity to contact IPC Nurse	
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 IPC Nurse IPC Nurse	

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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 localised, in immuno-suppressed person	Direct contact with lesions and secretions		For a week after appearance of vesiculopustular lesions	Yes		Until lesions are dry and crusted	Seek advice from IPC Nurse	
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 IPC Nurse	

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Disease	Mode of Transmission	Incubation Period	Period of Communicability	Remove from direct patient contact	Other restrictions	Duration	Other comments	Notifiable Disease
Whooping cough							See pertussis	Yes
Yersinia		Faecal-oral	3-7 days	While symptomatic	Restrict from duty until symptom-free 48 hrs.		See Acute Gastroenteritis Restrictions on blood transfusion	Yes