NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE

SUBJECT: EMPLOYEE HEALTH—COMMUNICABLE DISEASE PREVENTION

NUMBER: NN-IC-04

ORIGINAL DATE: 10/24/90

REVIEW/REVISE DATE: 05/13/92, 08/26/92, 06/15/95, 06/04/98, 10/18/01, 12/02/04, 08/07/08, 3/19/09, 4/16/09, 12/22/10

APPROVAL: Rosalyne Reynolds {s}, Agency Director

I. PURPOSE

The purpose of this policy is to establish procedures to prevent employees from carrying or transmitting infections to consumers and other employees and to specify the action to be taken when employees are accidentally exposed to communicable diseases.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to have in place a plan for dealing with employee health issues that is compatible with applicable state laws, regulations and Joint Commission requirements.

III. PROCEDURE

Pre-Employment

1. Physicals are only required of employees of the State of Nevada and are not required of contract employees.
2. Offers of employment by NNAMHS are made pending clearance from the employee health physician. The incumbent must have a pre-employment physical examination

(or certification of a three (3) year health record from a physician), a two (2) step PPD Mantoux skin test or provide the results of a Quantiferon Gold TB laboratory test completed within the past year. If the applicant provides written proof of a PPD within the last year, a one-step PPD will suffice.

3. For individuals who have a break in service at NNAMHS of less than one (1) year:
   A. The question portion of the PPD paperwork will be completed.
   B. With written proof of a PPD at NNAMHS within the last year, a PPD is not required at the time of return to service. The PPD is required within one year of the last documented PPD. (The employee may return to their original annual PPD schedule.)
4. If the individual is a known positive PPD reactor or a PPD is contraindicated, he/she shall complete the question portion of the PPD paperwork and will be evaluated by the NNAMHS employee health physician on a case-by-case basis.
5. If the individual is undergoing treatment for active tuberculosis, a minimum of two (2) weeks treatment, and written clearance by the County Health Department or employee's treating physician is needed for the tuberculosis to be considered non-infectious. The applicant must provide proof of this treatment prior to working at NNAMHS.
6. The NNAMHS employee health physician shall retain the right to order specific diagnostic laboratory and/or radiology studies whenever deemed necessary.
7. These pre-employment tests will be provided by NNAMHS at no cost to the employee.
8. Should the results of the pre-employment physical indicate the need for further assessment or treatment, the applicant will be notified by the employee health nurse or the employee health physician.
9. The employee health nurse will notify the Personnel manager that medical clearance must be obtained prior to the applicant starting work.
10. Documentation that the applicant has received medical clearance will be provided to the employee health nurse or the employee health physician. Employee health will notify the Personnel manager that the applicant has been cleared.

Annual Health Assessment

1. All employees must have a yearly one (1) step Mantoux PPD test.
   A. If the employee is a known positive reactor or if the PPD is contraindicated, each employee will be evaluated on a case-by-case basis.
2. These tests will be provided by NNAMHS at no cost to the employee and will be tracked with the annual appraisal.
3. The annual health assessments are maintained separately from the employee's personnel file in the Employee Health Office.
4. Pregnant women will be encouraged to receive the PPD testing. If they refuse, a screening of the employee will be completed in the employee health clinic. PPD testing will resume after pregnancy is no longer an issue.

Employee Illness

1. Employees with certain infectious diseases will not be permitted to administer consumer care.
   A. Appendix I describes specific work restrictions.
   B. All employees who request sick leave must indicate if the leave is due to a reportable disease. The employee must complete the Infection Control Report Form and submit to their immediate supervisor. The immediate supervisor will then send the Infection Control Report Form to the Infection Control Officer. These forms are not held in the personnel files.
      i. It is the responsibility of each supervisor to ensure the employee submits this form for all reportable diseases and conditions.
      ii. Appendix II lists the reportable infectious diseases and conditions.
2. Infection Control Report Forms are monitored by the Infection Control Officer. A report is presented to the Infection Control Committee monthly for committee review/comments and study of any trends or indications of epidemics among staff.
3. The Infection Control Officer may contact those individuals reporting an infectious disease or condition or process if additional information is necessary for clarification.
4. When employees have or are suspected of having an infectious disease that places others at risk, they will be sent to the Employee Health office. The employee health physician will

examine the employee and may allow them to return to work or refer them to their health care provider for further evaluation. The employee must present a fitness for duty certification from their health care provider. All incurred fees are the responsibility of the employee. The agency will bear no financial responsibility.

Fitness for Duty Certification

1. An employee returning to work after an absence due to a reportable infectious disease and condition listed in the appendix to this policy must provide a fitness for duty certification from their health care provider for return to work.
   A. This fitness for duty certification must be presented to the employee's supervisor prior to the start of the work shift.
   B. The supervisor will forward the fitness for duty certification to Personnel for inclusion in the employee's medical file.
   C. The supervisor will consult with the NNAMHS medical physician as necessary.

Accidental Exposure to Communicable Disease/Infections

1. Every employee is responsible to report exposure or suspected exposure to their supervisor immediately.
   A. The exposure to any communicable disease/infection as listed in policy #NN-IC-13 Reporting of Communicable Disease is to be reported to the Infection Control Officer and employee health physician regardless of where the exposure occurs, (i.e.: home, work, etc).
   B. The Infection Control Officer and employee health physician will identify the precautions, work restrictions, if necessary, and requirements to prevent exposure to others.
      i. When this exposure occurs at work, the employee will be evaluated by the employee health physician, or immediately sent to the workers compensation medical provider per policy NN-IC-19 Post-Exposure Evaluation and Follow-up.

ii. When this exposure occurs outside the workplace, the employee should be evaluated by their health care provider and present a fitness for duty certification to return to work.

Occupational Exposure to HBV and HIV

1. Follow policy and procedure #NN-IC-19 Post-Exposure Evaluation and Follow-up

Record Keeping

1. The employee health file is maintained in the Employee Health Office and is separate from the employee's personnel file.
2. The health file contains at a minimum:
   A. Results of the pre-employment physical examination.
   B. The two (2) step PPD Mantoux Skin test (or evaluation) for known positive PPD reactor.
   C. Any laboratory/radiology studies deemed necessary.
   D. A copy of the employee's Hepatitis B vaccination status including declination documentation.
   E. Any post-exposure documentation including but not limited to: results of examinations, medical testing and follow-up procedures, copy of the healthcare providers written opinion, copy of information provided to the health care professional.
3. All employee health records are kept confidential and not disclosed or reported without written consent unless required by state laws and statutes and OSHA regulations.

III. REFERENCES

NNAMHS Policy	NN-IC-01 AIDS/HIV
NNAMHS Policy	NN-IC-08 Tuberculosis Control
NNAMHS Policy	NN-IC-09 Hepatitis B Vaccination
NNAMHS Policy	NN-IC-13 Reporting of Communicable Diseases
NNAMHS Policy	NN-IC-19 Post Exposure Evaluation and Follow-up
NNAMHS Policy	NN-IC-20 Preventing Toxic and Hazardous Substance Exposure

NNAMHS Employee Infection Control Report Form

CDC Guidelines for Isolation Precautions in Hospitals, July, 1983.

CDC Guidelines for Infection Control in Hospital Personnel, July 1983.

CDC Guidelines for Prevention and Control of Nosocomial Infections, 1981.

CDC Outline for Surveillance and Control of Nosocomial Infections, 1983.

Department of Labor/Department of Health and Human Services, "Protection against Occupational Exposure to Hepatitis B Virus (HBV) and Human Immuno Deficiency Virus (HIV)", October 1987.

Occupational Safety and Health Administration (OSHA) Directive, CFR 1910.1030.

NAC 449.325 Sanitary Requirements, item 7.

NAC 449.593 Dietary Services: Management and Personnel, item 5.

NAC 441A.375 Medical Facilities, Surveillance and testing of Employees

IV. DEFINITIONS

1. Communicable Disease: Disease which is caused by a specific infectious agent or its toxic products which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.
2. Employee: Contracted or State employees that work at NNAMHS
3. HBV: Hepatitis B Virus
4. HCV: Hepatitis C Virus
5. HIV: Human Immunodeficiency Virus
6. Nosocomial Infection: An infection that a consumer acquires during hospitalization that is not known to be in existence at the time of admission.

APPENDIX I

LISTING OF REPORTABLE DISEASES

CONJUNCTIVITIS (infectious)

- Relieve from direct patient contact: Yes
- Duration: Until discharge ceases

CYTOMEGALOVIRUS INFECTIONS

- Relieve from direct patient contact: No
- Partial work restriction: None

DIARRHEA

Acute stage (diarrhea with other symptoms)

- Relieve from direct patient contact: Yes
- Duration: Until symptoms resolve

Convalescent State

Salmonella (non-typhoidal)

- Relieve from direct patient contact: No
- Partial work restriction: Personnel should not take care of high risk patients
- Duration: Until stool is free of the infecting organism on 2 consecutive cultures not less than 24 hours apart

Other Enteric Pathogens

- Relieve from direct patient contact: No
- Partial work restriction; Personnel should not take care of high risk patients
- Duration: Until stool is free of the infecting organism on 2 consecutive cultures not less than 24 hours apart

ENTEROVIRAL INFECTIONS

- Relieve from direct patient contact: No
- Partial work restriction: Personnel should not take care of infants and newborns
- Duration: Until symptoms resolve

GROUP A STREPTOCOCCAL DISEASE

- Relieve from direct patient contact: Yes
- Duration: Until 24 hours after adequate treatment is started

HEPATITIS, VIRAL

Hepatitis A

- Relieve from direct patient contact: Yes
- Duration: Until 7 days after onset of jaundice

Hepatitis B

- Acute
    - Relieve from direct patient contact: No

- Partial work restriction: Personnel should wear gloves for procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin
- Duration: Until antigenemia resolves

Chronic Antigenemia

- Relieve from direct patient contact: No
- Partial work restriction: Personnel should wear gloves for procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin.
- Duration: Until antigenemia resolves

Hepatitis NANB

- Relieve from direct patient contact: No
- Partial work restriction: Personnel should wear gloves for procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin
- Duration: Period of infectivity has not been determined

HERPES SIMPLEX

Genital

- Relieve from direct patient contact: No
- Partial work restriction: None

Hands (herpetic whitlow)

- Relieve from direct patient contact: Yes
- Partial work restriction: (Note: it is not known whether gloves prevent transmission)
- Duration: Until lesions heal

Orofacial

- Relieve from direct patient contact: No
- Partial work restriction: Personnel should not take care of high - risk patients
- Duration: Until lesions heal

MEASLES

Active

- Relieve from direct patient contact: Yes
- Duration: Until 7 days after the rash appears

Post-exposure (susceptible personnel)

- Relieve from direct patient contact: Yes
- Duration: From the 5th through the 21st day after exposure and/or 7 days after the rash appears

MUMPS

Active

- Relieve from direct patient contact: Yes
- Duration: Until 9 days after onset of parotitis

Post-exposure

- Relieve from direct patient contact: Yes
- Duration: From the 12th through the 26th day after exposure or until 9 days after onset of parotitis.

PERTUSSIS

Active

- Relieve from direct patient contact: Yes
- Duration: From the beginning of the catarrhal stage through the 3rd week after onset of paroxysms or until 7 days after start of effective therapy.

Post-exposure (asymptomatic personnel)

- Relieve from direct patient contact: No
- Partial work restriction: None

Post-exposure (symptomatic personnel)

- Relieve from direct patient contact: Yes
- Duration: From the beginning of the catarrhal stage through the 3rd week after onset of paroxysms or until 7 days after start of effective therapy.

RUBELLA

Active

- Relieve from direct patient contact: Yes
- Duration: Until 5 days after the rash appears

Post-exposure (susceptible personnel)

- Relieve from direct patient contact: Yes
- Duration: From the 7th through the 21st day after exposure and/or 5 days after rash appears.

SCABIES

- Relieve from direct patient contact: Yes
- Duration: Until treated

STAPHYLOCOCCUS AUREUS (skin lesions)

- Relieve from direct patient contact: Yes
- Duration: Until lesions have resolved

UPPER RESPIRATORY INFECTIONS (high risk patients)

- Relieve from direct patient contact: Yes
- Partial work restriction: Personnel with upper respiratory infections should not take care of high risk patients
- Duration: Until acute symptoms resolve

TUBERCULOSIS

- Relieve from direct patient contact: Yes
- Duration: Until 2 weeks post treatment and sputum is free of bacilli for 2 cultures

ZOSTER (Shingles)

Active

- Relieve from direct patient contact: No
- Partial work restriction: Appropriate barrier desirable; personnel should not take care of high risk patients
- Duration: Until lesions dry and crust

Post-exposure (susceptible personnel)

- Relieve from direct patient contact: Yes
- Duration: From the 1Oth through the 21s day after exposure or if varicella occurs until all lesions dry and crust

VARICELLA (Chickenpox)

Active

- Relieve from direct patient contact: Yes
- Duration: Until all lesions dry and crust

Post-exposure

- Relieve from direct patient contact: Yes
- Duration: From the 1Oth through the 21st day after exposure or if varicella occurs until all lesions dry and crust

Appendix II: INFECTION CONTROL REPORT FORM

To: Infection Control Officer

EMPLOYEE NAME: _____ EMPLOYEE WORK STATION: _____

I used sick leave on the following date(s):

_____

What was the communicable/reportable disease? Please list:

_____

Were you treated by a healthcare provider? Yes No

Were you released for work by a healthcare provider? Yes No

The Infection Control Officer will have the right to contact those individuals if additional information is necessary.

It is the responsibility of each supervisor to see that his/her employee submits this form for any sick leave used for reportable diseases and conditions.

The employee will submit this form only when the diseases and or conditions itemized in NNAMHS POLICY NN-IC-04: Employee Health—Communicable Disease Prevention