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Policy Area Occupational Health Services (OHS)
Applicability UNC Medical Center

Infection Control and Screening Program: Occupational Health Service

I. Description

Describes policies used by UNC Hospitals Occupational Health Service to reduce the risk of transmitting infections among Health Care Personnel (HCP).

II. Rationale

Screening programs (TB, latex, NIOSH approved respirator medical evaluation and vaccine preventable diseases), pre-exposure prophylaxis, and post-exposure prophylaxis are offered through Occupational Health Service (OHS) in an effort to control communicable disease risks to both personnel and patients. However, OHS does not evaluate or treat Health Care Personnel (HCP) for health problems or conditions that are not work-related. OHS refers the HCP to the entity responsible for providing these persons their general medical care.

III. Policy

A. General Information

1. Occupational Health Services are provided to UNC Medical Center health care personnel (HCP) through the UNC Hospitals Occupational Health Service (OHS). University HCP are seen in the University Employee Occupational Health Service (UE-OHS). UNC students are referred to Campus Health Services. Non-UNC students who are on an official rotation through one of the Health Science schools will be seen by Campus Health Services as a courtesy to the student.
2. To safeguard the health of personnel and patients and decrease the risk of

transmitting preventable diseases it is important for all personnel to be up-to-date on their immunizations; so important, that UNC Hospitals

3. has a mandatory immunization program for certain vaccines.
4. UNC Medical Center will follow the CDC/HICPAC Guideline for Infection Control in Health Care Personnel as an official policy of OHS with certain exceptions.
5. UNC Medical Center will adhere to the APHA (American Public Health Association) Guidelines as per NC State Health regulations.
6. This policy applies to all persons providing service within UNC healthcare facilities (UNC Hospitals, UNC HCP, volunteers, students, Home Health personnel and clinics, including community based practices).
7. Contract HCP must comply with the recommendations in [Attachment 2 – "Summary of UNCH Immunization and Health Requirements for Contract HCP in Clinical Facilities"](#). Home department for contract HCP must maintain all required immunization records and respiratory medical evaluation questionnaires.
8. OHS and Hospital Epidemiology will be responsible for trending HCP infection data for UNC Medical Center and maintaining such data in the OHS department.

B. Immunization Program

1. Required Immunization for Personnel
 - a. Immunizations (See [Attachment 1 – Proof of Immunity for HCP](#))
 - i. All new personnel working at UNC Medical Center, including rehired personnel are required to complete an immunization screen before new employee orientation (NEO). Every effort should be made by new employees to obtain immunization records and TB skin test (TST) results prior to attending new employee orientation (NEO). Failure to provide proof of immunizations and to complete the OHS screening will prevent the HCP from working at UNC Medical Center until these requirements are met. All HCP must be immune (unless there is a medical contra-indication, as described by CDC/ACIP, or religious objection) to measles, mumps, rubella, varicella, and pertussis. All HCP must receive influenza vaccine annually unless there is a medical contra-indication, as described by CDC/ACIP, or religious objection. Influenza vaccine exemptions will be evaluated on an individual basis each year and must be resubmitted annually.
 - b. The following immunizations are offered at the employer's expense: Pertussis (Tdap); tetanus (Td); measles, mumps, rubella (MMR); hepatitis B (for HCP with reasonably expected exposure to blood or other potentially

infectious body fluids (OPIM); influenza, and varicella. Meningococcal vaccines (ACWY and B) will be offered to Microbiology Laboratory personnel with potential exposure to *Neisseria meningitidis* (boosters per CDC/ACIP recommendations). Live-attenuated virus vaccines (varicella, MMR) will not be given to pregnant HCP or immuno-compromised persons. Other vaccines (e.g., smallpox, hepatitis A) may be offered at the discretion of the Medical Director.

c. Tuberculosis

- i. Tuberculosis screening will be conducted as per the Infection Prevention Policy: [Tuberculosis Control Plan](#). OHS will accept outside testing if performed within 6 months prior to start of employment and reported using the OHS TB Screening form or accepted alternative. All HCP will complete a respirator medical evaluation form (refer to [Tuberculosis Control Plan](#)). Fit testing is not required for use of a powered air purifying respirator (PAPR) by HCP but a respiratory medical evaluation and annual training requirements still apply. All new hire HCP and Volunteers with reactive TST or positive IGRA will be counseled and advised to follow up with the NC State Health Department for further evaluation of latent TB infection (LTBI). All other UNC HCP will be counseled and evaluated for LTBI treatment in OHS per the [Tuberculosis Control Plan](#)

C. Employment and Annual Health Screening

1. UNC Medical Center HCP, volunteers, shadow students and house staff shall have initial infectious disease screening and/or immunization review as deemed necessary by the Medical Director of OHS or the Hospital Infection Control Committee (HICC). The infectious disease screening will include tuberculosis screening as specified in the [Tuberculosis Control Plan](#) and an immunization review that includes but is not limited to NC State regulations. The screening will be directed by OHS.
2. Annual screening, if necessary, will be directed by OHS in or near the healthcare provider's birthday month. Such screening will include a review of symptoms for tuberculosis as per the [Tuberculosis Control Plan](#) and an immunization review.
3. University personnel (i.e., staff of the Medical, Dental, Pharmacy, Nursing schools) who work within UNC Medical Center's clinical facilities shall **receive their required screening through the** [University Employee Occupational Health Service \(UE-OHS\)](#).
4. **All UNC students** who obtain clinical experience at UNC Hospitals shall receive their required screening through the [Campus Health Services](#).
5. Contract HCP who in their job capacity enter facilities where patient care is provided,

whether in a patient care area or in an administration office, must comply with OSHA Standards and this Infection Prevention and Screening Program: Occupational Health Service Policy. It is the responsibility of the University or Hospital Department hiring these HCP to assure compliance with this policy

6. HCP providing high-level disinfection (HLD) who may be color blind should be referred by their supervisors for further evaluation by Occupational Health Service. Semicritical medical devices (e.g., some endoscopes, some endocavitary devices) undergo cleaning followed by HLD in order to prevent patient-to-patient transmission of pathogens which could lead to serious infections. In order to assess minimum effective concentrations (MEC) of HLD chemicals, healthcare personnel (HCP) must be able to discern colors since currently available chemical indicators demonstrate MEC via a color-changing strip or vial. HCP performing HLD may be "color-blind", however, another HCP would be required to read the strips or vials."

D. Screening of Personnel with Infectious Diseases or Exposure to Communicable Diseases

See [Attachment 3 – "Post-Exposure Prophylaxis for Vaccine Preventable Diseases or Occupational Health Services Intranet page for specific protocols.](#)

1. All HCP (UNC Medical Center HCP, UNC Hospital's volunteers, shadow students and others with a contract with OHS) with a potentially communicable disease (e.g., shingles, conjunctivitis, norovirus) **must** notify Occupational Health Service. The Occupational Health Service provides free medical screening for health problems encountered by HCP for the purpose of infection prevention. If necessary, the Medical Director of Occupational Health Service may order re-assignment or furlough of the HCP with a communicable disease. Administrative leave may be imposed/ administered under the direction of the Medical Director of OHS. The director, department head, or supervisor will be informed of the necessity of administrative leave. Work restriction guidelines are as per Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations. HCP will utilize paid time off (PTO), if restricted from clinical activities or other hospital duties, when ill with a communicable disease that poses a risk to patients or other HCP. Adherence to work restrictions is required of **all** HCP. OHS may elect to implement additional restrictions if they deem such restrictions enhance patient protection.
2. HCP with non-intact skin on exposed surface may not work until the lesions have healed (i.e., resolved).
 - a. Non-intact skin is defined as open wounds, weeping lesions and rashes, lacerations that penetrate through the dermis and are less than 48 hours old, lacerations with sutures, and lacerations with steri-strips. Personnel with lesions that represent bacterial infections (e.g., CA-MRSA, streptococcal infection) on exposed surfaces must not work until the lesion(s) resolve.

- b. Exposed surfaces include hands (wrists and hands) and face (above area of collar bone).
 - c. Work is defined as direct patient care or contact with equipment that has contact with patients (e.g., blood pressure cuffs, ventilators, food trays.).
- 3. HCP with skin lesions (unless HCP has a communicable disease such as varicella) that are under clothes and can be covered may provide direct patient care with the exception of those patients who are immunosuppressed such as NCCC, BMTU, solid organ transplant, and patients receiving chemotherapy. Lesions should be covered with a sterile dressing and must be entirely covered by clothing. Any HCP with active varicella may not return to work until all lesions are dry and crusted over.
- 4. HCP with visible lesions due to Herpes Simplex (See [Attachment 7 – Management of Patient Care Providers with Known Herpes Simplex Virus Infection](#)) may not work in the following units:
 - a. Neonatal ICU
 - b. Pediatric ICU
 - c. Bone Marrow Transplant Unit
 - d. Labor and Delivery
 - e. Newborn NurseryHCP may provide care in all other units if facial lesions can be covered (i.e., with mask) while providing patient care. HSV is typically on the border of the lips and skin and is a small vesicular fluid-filled blister.

5. Blood Exposure

The Infection Prevention Policy: [Exposure Control Plan for Bloodborne Pathogens](#) and OHS protocol for blood exposures will be followed. Complete information can be accessed at the Infection Control website (Exposure Control Plan for Bloodborne Pathogens) and [OHS website](#).

6. Management of the HIV, HBV, or HCV Infection Healthcare Provider (see [Attachment 6 – Management of the HIV, HBV, or HCV Infection Health Care Provider](#)).

HCP not involved in invasive procedures (as defined by the CDC/SHEA guidelines) who are infected with HIV, HBV or HCV shall not be restricted in providing patient care provided they do not have another infection that places patients at risk (e.g., active pulmonary TB). HCP who perform invasive procedures and who are infected with HIV, hepatitis B, or hepatitis C must be reported to the NC Department of Health and Human Services (Communicable Disease Branch) and be cleared by an Expert Panel prior to performing such procedures. The CDC Guideline of Management of the HBV infected HCP and the SHEA Guideline on the Management of the HIV, HBV, HCV infected HCP shall be the basis for UNC Medical Center policy.

Personnel who are known carriers of hepatitis B (especially if "e" antigen positive)

should be counseled about precautions to minimize their risk of infecting others. Personnel who have no exudative lesions on the hands, who are acutely infected with hepatitis B are known to be carriers of HBsAg, or who have hepatitis C, shall wear gloves for patient procedures that involve trauma to the tissues or direct contact with mucous membranes. Personnel with exudative lesions on hands who are HBeAg positive shall abstain from all direct patient care. The OHS Medical Director will review such personnel on a case-by-case basis and may require work restriction.

7. Management of Health Care Personnel (HCP) with an Upper Respiratory Tract Infection (URI)

a. *HCP who develop respiratory symptoms **with fever** (>100.4°F or >38°C):*

- HCP should be instructed not to report to work, or if at work, to promptly notify their supervisor and leave work.
- HCP are excluded from work until at least 24 hours after they no longer have a fever (without the use of anti-pyretic [fever-reducing medicines] such as acetaminophen, ibuprofen, or aspirin).
- Upon returning to work, HCP should report to their supervisor. If symptoms such as cough and sneezing are still present upon return, HCP should wear a properly fitted surgical mask (nose and mouth covered) in patient care areas and adhere to respiratory etiquette with frequent hand hygiene. If the HCP is unable to adequately contain their secretions with a properly fitted surgical mask they will be excluded from work until resolution of symptoms and/or ability to contain secretions.

b. *HCP who develop respiratory symptoms **without fever**:*

- If symptoms such as cough and sneezing are present, HCP should wear a properly fitted surgical mask (nose and mouth covered) in patient care areas and adhere to respiratory etiquette with frequent hand hygiene. If the HCP is unable to adequately contain their secretions with a properly fitted surgical mask they will be excluded from work until resolution of symptoms and/or ability to contain secretions.

c. **General Statements:**

- The preceding guidance on URI symptoms and work restrictions will be followed regardless of lab testing (e.g., influenza testing).
- During an outbreak, Occupational Health Service in consultation with Infection Prevention may impose additional work restrictions (e.g., reassignments), exclusions or laboratory evaluation.

8. Management of Employees who Handle Food

HCP who handle food must report to the manager when they are sick with an illness that may be transmitted through food. HCP who report to their work site with any of the following symptoms or who have been diagnosed with any illnesses listed below shall be excluded from the work site.

a. HCP who handle food must inform manager if they experience the following symptoms:

- Vomiting
- Diarrhea
- Jaundice
- Sore throat with fever (100.4°F)

b. HCP who handle food must inform their manager if they are diagnosed with the any of the following:

- Norovirus
- Hepatitis A
- Shigella
- Shiga toxin-producing *E.coli*
- Salmonella typhi

E. Post-Exposure Prophylaxis for Vaccine Preventable Diseases

(See [Attachment 3 – Post-Exposure Prophylaxis for Vaccine Preventable Diseases](#))

Post-exposure prophylaxis or follow-up for certain infectious diseases will be available in OHS. Such diseases are:

Hepatitis A

Hepatitis B

Hepatitis C

Influenza A (as deemed necessary by the Medical Director of OHS)

Influenza B (as deemed necessary by the Medical Director of OHS)

Measles

Meningococcus

Pertussis

Varicella
Animal bite
Ectoparasites
Human bites
Monkey bite
HIV
Tuberculosis

F. Hand Dermatitis/Latex Allergy

HCP with hand dermatitis or latex allergy should be screened by OHS as per OHS protocol.

G. Implementation

Implementation of this policy will be the responsibility of the Medical Director of the Occupational Health Service. The Department of Environment, Health and Safety (EHS) is responsible for implementation of the health and safety policies of the University with medical services provided by the UEOHC.

IV. References

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Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 2012;61:No.4.

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Centers for Disease Control and Prevention: Prevention Strategies for Seasonal Influenza in Healthcare Settings: <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>, accessed 9-3-2015.

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CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. December 20, 2013 / 62(RR10);1-19. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis – Published 9/25/2013. Kuhar et al.

APIC Text of Infection Control and Epidemiology, Chapter 104 Pregnant Healthcare Personnel October 2014.

V. Related Policies

[Exposure Control Plan for Bloodborne Pathogens](#)

[Tuberculosis Control Plan](#)

Attachments

[1: Proof of Immunity for HCP](#)

[2: Summary of UNCH Immunization and Health Requirements for Contract HCP in Clinical Facilities](#)

[3: Post-Exposure Prophylaxis for Vaccine Preventable Diseases](#)

[4: Management of Unprotected Direct B. Pertussis Exposure](#)

[5: Nursing Management Protocol](#)

[6: Management of the HIV, HBV or HCV Infection Health Care Provider](#)

7: Management of Patient Care Providers with Known Herpes Simplex Virus Infection

Approval Signatures

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