

Policies & Procedures

INFECTIOUS DISEASE & PREVENTION

Section: Administrative

Pages: 3

Subject: Infectious Disease and Prevention

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PURPOSE

The purpose of this policy is to control and prevent the spread of communicable diseases between employees or clients. The proceeding guidelines on communicable diseases will be followed to determine when an employee is free of a communicable disease and may return to work.

There is an increased risk of blood-borne pathogens in our population, and procedures are put in place to minimize risk to staff and clients. This will minimize health risks as well as maintain a disease-free environment.

POLICY

Davis Behavioral Health employees will follow the infectious disease guidelines, to prevent the spread of common diseases to other staff and clients.

PROCEDURE

1. Employees should consult with their primary care provider or Health Department regarding receiving vaccinations as deemed appropriate. This may include but is not limited to, Hepatitis A, Hepatitis B, Pertussis, Tetanus, Chicken Pox, COVID, and Influenza.
 - Staff in direct contact with high-risk clients in residential units should receive Hepatitis B immunization.
 - Staff in direct contact with high-risk clients in residential units should be screened biannually for TB.
2. Employees with a respiratory illness will not work during the infectious stages (fever >100.5, rhinitis, sore throat). In addition, employees will follow health department guidelines around isolation, mask-wearing, etc. to minimize outbreaks of communicable disease and protect vulnerable client populations. Clients will be educated on these guidelines and encouraged to adhere to reduce risk.
3. If a supervisor identifies an employee with draining cold sores, boils, shingles, wounds, or with symptoms of communicable diseases such as coughing, fever, infections, vomiting, diarrhea, skin eruptions, etc., the employee should have no

- direct client contact, or work in food preparation.
4. An employee may NOT work during the known communicable periods at any of the Davis Behavioral Health sites for the following diseases:

Infectious Process	Duration of Restriction
Chickenpox	Until all vesicles have crusted and scabbed in unvaccinated. In immunized, isolate until no new lesions in a 24-hour period
Chickenpox exposure if you have not had chickenpox or been vaccinated	Vaccination post-exposure is recommended. From day 8-21 post-exposure
COVID-19	Isolate 5 days from symptom onset. Wear a face mask until 10 days after symptom onset
Diarrhea caused by Amebiasis, Cholera, Cryptosporidiosis, E. coli 0-157, Giardia, Salmonella, Shigella	Employees may not work in food services if there is any vomiting or diarrhea illness, regardless of the pathogen. Asymptomatic carriers are restricted from working in food services as well.
Draining wound caused by Staphylococcus aureus (both MRSA/MSSA)	Draining wounds must be covered and drainage adequately contained.
Hepatitis A	Until the fever is gone <u>and</u> at least 1 week after the onset of jaundice. Asymptomatic carriers are restricted from working in food services.

Impetigo	Until 24 hours after antibiotic treatment has been started.
Influenza	Until the fever has resolved
Lice	Until after the first treatment with a medicated head lice product, such as pyrethrin (Rid® and/or other medicated head lice products. Employee <i>must</i> be retreated in 7-10 days to kill remaining nits. Follow the manufacturer's directions carefully.
Measles	Until at least 4 days after the rash appears.
Mumps, active	Until at least 5 days after swelling first occurs or until swelling is gone.
Mumps exposure if you have not had mumps or been vaccinated	Until at least 25 days after exposure, or until vaccinated.
Pink eye – conjunctivitis	For bacterial infections, 24 hours after treatment is started. For viral infections, until the watery, white or yellow discharge has ceased.

Resistant organisms colonized such as MRSA, VRE, others	No restriction necessary unless clearly implicated with disease transmission. If implicated, culture employee, restrict from work, treat, reculture. Employee may return to work when culture negative and clinically well. Routine culturing is not recommended.
Rubella	Until 7 days after the onset of rash.
Scabies	Until 24 hours after treatment is started.
Shingles	Until vesicles have crusted and scabbed.
Shingles exposure, if you have not had chicken pox or been vaccinated against chicken pox	From day 8-21 post exposure.
Strep Throat caused by Group A Streptococcus	Until 24 hours after antibiotic treatment is started.
Tuberculosis (TB)	Until symptoms have improved clinically (for example, they are coughing less, and they no longer have a fever); and after compliant with an adequate treatment regimen for 2 weeks or longer and after three consecutive negative acid-fast bacilli sputum smears on separate days
Diphtheria	Until off antibiotics and 2 negative cultures taken 24 hours apart
Meningitis caused by Neisseria meningitidis	Until 24 hours after initiation of effective antibiotics.
Typhoid Fever	Until stool cultures are negative
Whooping cough	Until 5 days after the start of antibiotic therapy

5. Bloodborne illness exposure.

When a significant exposure occurs (needle stick, body fluids exposure to mucous membranes, etc.) the staff member will complete the workplace injury report and submit it to HR, at the time of the incident. They will also notify their supervisor who will notify HR and CFO. Employee will present to Work Med who will complete appropriate screening and treatment accordingly.

