



2. If a highly contagious organism is identified the lab shall contact the Infection Prevention and Control Department (IPC) by paging 419-218-3744. In addition, the lab department will notify the House Supervisor (HS) on duty at extension 383-5003.
  - (a) IPC or HS will:
    - (i) Contact the inpatient unit of concern to ensure initiation of appropriate isolation
      - (a) If the patient is not in isolation, IPC or HS shall instruct the nursing staff to initiate appropriate isolation
    - (ii) Provide the definition of exposure to the staff if the patient was not initially isolated
      - (b) The department director for the unit will be responsible for reviewing the chart to identify all departments involved in care
    - (iii) Notify Occupational Health of exposure and any need for follow-up
    - (iv) Contact the department director(s) for the unit(s) and based on definition of exposure and need for prophylaxis, IPC will request that all exposed staff be sent to the Emergency Department for appropriate prophylaxis or other follow-up
  - (b) Occupational Health will:
    - (i) Document all persons contacted with definition of exposure and follow up recommendation on the attached form
    - (ii) Notify Pharmacy if need for prophylactic medication is indicated
    - (iii) Arrange for staff to have access to medications after hours
    - (iv) Notify the Infection Control Committee of case definition and total number of personnel exposed and treated
    - (v) Notify patients and / or their attending physician of potential exposure and any need for follow-up / monitoring
3. The following identification process and work restrictions for Surveillance Groups will apply (see pages 3-8):

Disease/Condition	Process for Identification if Exposed/Suspected	Work Restrictions for Confirmed Disease	Duration
Conjunctivitis (Pink Eye)		Restrict from patient contact and contact with the patient's environment	Until on treatment for 24 hours When draining has ceased and physician release
COVID-19 (See SARS-CoV-2)			
Cytomegalovirus (CMV)	<p>1. Personnel with CMV-related illnesses will not be restricted from work (see Infection Control Policy 3364-109-EH-501, Work Restrictions for Personnel with Potentially Contagious Disease)</p> <p>2. Pregnant HCP will be provided information about the risks associated with CMV infection and infection control procedures to prevent transmission when working with high-risk patient groups</p>	None	
Infectious Diarrheas a. Acute (diarrhea with other symptoms)		<p>a. Restrict from patient contact and contact with the patient's environment Restrict from food handling</p> <p>b. Restrict from care of high-risk patients</p> <p>c. Dietary employees may not work until diarrhea has ceased and have been seen by physician per Ohio Food Code</p>	<p>a. Until symptoms resolve</p> <p>b. If the organism is confirmed refer to Ohio Department of Health manual found here <a href="https://odh.ohio.gov/wps/portal/gov/odh/known-our-programs/infectious-disease-control-manual/section3/idcm-section-3">https://odh.ohio.gov/wps/portal/gov/odh/known-our-programs/infectious-disease-control-manual/section3/idcm-section-3</a></p>
Diphtheria	<p>1. Nose or nasopharynx and throat cultures will be obtained from exposed personnel. These HCP will be monitored for signs and symptoms of diphtheria for seven (7) days after exposure</p> <p>2. Antimicrobial prophylaxis will be administered to personnel who have contact with respiratory droplets or cutaneous lesions of patients infected with diphtheria</p> <p>3. Previously immunized exposed personnel will be immunized with Tdap</p> <p>4. Exposed personnel will have nose or nasopharynx and throat cultures repeated at least two (2) weeks after completion of antimicrobial therapy. Those who remain culture positive will receive repeat antimicrobial therapy</p>	Exclude from Duty	Until antimicrobial therapy is completed and 2 negative cultures (from both nose and throat) 24 hours apart

Policy 3364-109-EH-501  
 Work Restrictions for Personnel  
 With Contagious Diseases  
 Page 4

Disease/Condition	Process for Identification if Exposed/Suspected	Work Restrictions for Confirmed Disease	Duration
Draining exposed wounds		a. Restrict from patient contact and contact with the patient's environment if unable to cover and contain wound or drainage  b. May be assigned to non-clinical duties if wounds are covered and contained	Avoid patient contact until wounds are no longer draining.
Enteroviral infections		Restrict from the care of infants, neonates, immune-compromised patients, and their environments	Until symptoms resolve and culture negative
Hepatitis A	Exposed contacts who have not previously received Hepatitis A vaccination and Infection Prevention and Control or Employee Health determines transmission has occurred	Restrict from patient contact, contact with patient environment and food handling for 10 days after initial onset of symptoms  Food workers restricted from working with food until 10 days after initial onset of symptoms per Ohio Food Code	Infected Employees are restricted from work until 10 days after initial onset of symptoms
Hepatitis B a. Personnel with acute or chronic hepatitis B surface antigenemia who <b>do not</b> perform exposure prone procedures  b. Personnel with acute or chronic hepatitis B surface antigenemia who <b>do</b> perform exposure prone procedures	See Bloodborne Pathogen Exposure Control Plan	a. No restriction, standard precautions should always be observed-per SHEA guidelines should be excluded from Category III activities-see SHEA document  b. In accordance with SHEA guidelines, do not perform exposure prone procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedures and current viral load	As per SHEA guideline: <a href="https://cdr.lib.unc.edu/concern/parent/k643b9992/file_sets/cr56n932n">https://cdr.lib.unc.edu/concern/parent/k643b9992/file_sets/cr56n932n</a>
Hepatitis C a. Personnel with acute or chronic Hepatitis C who <b>do not</b> perform exposure prone procedures  b. Personnel with acute or chronic Hepatitis C who <b>do</b> perform exposure prone procedures	See Bloodborne Pathogen Exposure Control Plan	a. No restrictions, standard precautions should always be observed –According to SHEA, should be excluded from Category III activities-see SHEA document  b. In accordance with SHEA guidelines, do not perform exposure prone procedures until counsel from an expert review panel has been sought: panel should review and recommend procedures the worker can perform, taking into account specific procedures and current viral load	As per SHEA Guidelines: <a href="https://cdr.lib.unc.edu/concern/parent/k643b9992/file_sets/cr56n932n">https://cdr.lib.unc.edu/concern/parent/k643b9992/file_sets/cr56n932n</a>

Policy 3364-109-EH-501  
 Work Restrictions for Personnel  
 With Contagious Diseases  
 Page 5

Disease/Condition	Process for Identification if Exposed/Suspected	Work Restrictions for Confirmed Disease	Duration
Herpes Simplex a. Genital  b. Hands (herpetic whitlow)  c. Orofacial		a. Genital – No restriction  b. Hands – Restrict from patient contact, patient environment and food handling  c. Orofacial – If providing patient care must wear a mask. Restrict from high risk and immune-compromised patients	b. Until lesions heal  c. Until lesions heal
Herpes Zoster (Shingles) – See Varicella	Herpes Zoster (Shingles) – See Varicella	Herpes Zoster (Shingles) – See Varicella	Herpes Zoster (Shingles) – See Varicella
HIV a. Personnel with acute or chronic HIV who do not perform exposure prone procedure  b. Personnel with acute or chronic HIV who perform exposure prone procedures	Refer to Bloodborne Pathogen Exposure Control Plan	a. No restrictions – Standard precautions should always be observed  b. In accordance with SHEA guidelines, do not perform exposure prone procedures until counsel from an expert review panel has been sought: panel should review and recommend procedures the worker can perform, taking into account specific procedures and current viral load. Per SHEA should be excluded from Category III activities-see SHEA guidelines	As per SHEA Guidelines: <a href="https://cdr.lib.unc.edu/concern/parent/k643b9992/file_sets/cr56n932n">https://cdr.lib.unc.edu/concern/parent/k643b9992/file_sets/cr56n932n</a>
Lice (Pediculosis)		Restrict from work until treated and observed to be free of eggs, immature and adult lice	Until treated and observed to be free of immature and adult lice
Measles a. Active  b. Post-exposure and susceptible	1. Measles-susceptible personnel who have contact with persons with measles will be given post-exposure measles vaccine within 72 hours after exposure and depending on exposure assessment may be given IG standard (i.e., non-immunocompromised contact) 0.25ml/kg (40 mg IgG/kg) IM. For immunocompromised contact 0.50 ml/kg (80 mg IgG/kg) IM  2. Exposed personnel who do not have documented immunity to measles will be excluded from duty from the fifth day after the first exposure until the 21 <sup>st</sup> day after the last exposure to measles, regardless of whether they receive post-exposure vaccine (See Infection Control Policy 3364-109-EH-501, Work Restrictions for Personnel with Potentially Contagious Disease)	a. Exclude from duty  b. Exclude from duty	a. Until 7 days after the rash appears or for duration of their acute illness, whichever is longer  b. From 5 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day after last exposure and/or 4 days after the rash appears

Policy 3364-109-EH-501  
 Work Restrictions for Personnel  
 With Contagious Diseases  
 Page 6

Disease/Condition	Process for Identification if Exposed/Suspected	Work Restrictions for Confirmed Disease	Duration
Meningococcal infections	<p>1. Personnel, who have had intensive, close contact (e.g., Mouth-to-mouth resuscitation, endotracheal intubation, endotracheal-tube management) with a patient with meningococcal disease before administration of antibiotics to the patient and without proper precautions, will be assessed for exposure by Infection Prevention and Control or Employee Health and may be offered post-exposure prophylaxis (PEP)</p> <p>2. Meningococcal vaccines will NOT be routinely offered for post exposure prophylaxis</p>	Exclude from duty	Until 24 hours after the start of effective therapy
Mumps	Susceptible personnel exposed to mumps will be excluded from duty from the 12 <sup>th</sup> day after the first exposure through the 26 <sup>th</sup> day after the last exposure, or if symptoms develop until 9 days after the onset of parotitis	Exclude from duty	<p>a. Until 9 days after the onset of parotitis</p> <p>b. From the 12<sup>th</sup> day after the 1<sup>st</sup> exposure through the 26<sup>th</sup> day after the last exposure or until 9 days after the onset of parotitis</p>
Pertussis a. Active	<p>1. Personnel who have had unprotected (i.e., without the use of proper precautions-no mask), intensive (i.e., close, face-to-face) contact with a patient who has a clinical syndrome highly suggestive of pertussis and whose cultures are pending will be offered antimicrobial prophylaxis against pertussis if determined necessary by Infection Prevention and Control</p> <p>2. Personnel with known exposure to pertussis who develop symptoms (e.g., cough &gt; 7 days, particularly if accompanied by paroxysms of coughing, inspiratory whoop or post-tussive vomiting) will be excluded from patient care areas until 7 days after the start of appropriate therapy</p>	a. Exclude from duty	a. From beginning of catarrhal stage through 3 <sup>rd</sup> week after onset of paroxysms or until 7 days after start of effective antimicrobial therapy
Rubella	Susceptible personnel who are exposed to rubella will be excluded from duty from the 7 <sup>th</sup> day after the first exposure through the 21 <sup>st</sup> day after the last exposure	Exclude from duty	Until 5 days after rash appears

Policy 3364-109-EH-501  
 Work Restrictions for Personnel  
 With Contagious Diseases  
 Page 7

Disease/Condition	Process for Identification if Exposed/Suspected	Work Restrictions for Confirmed Disease	Duration
SARS a. Active b. Exposed		a. Exclude from duty b. No restriction	Until 10 days after symptoms have resolved.
SARS-CoV-2 (COVID-19) a. Mild to moderate symptomatic illness - positive b. Severe to critical symptomatic illness - positive c. Asymptomatic-positive	1. Personnel who have symptoms of SARS-CoV-2 (include but not limited to fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). 2. Personnel who were in closed contact (within 6 feet of an infected person for a total of 15 mins. or more over a 24-hour period) with an infected SARS-CoV-2.	a. Exclude from duty b. Exclude from duty c. Exclude from duty	a. Until 5 days after symptoms onset, and 24 since last fever, and symptoms have improved. – Wear a well-fitted mask (e.g., N-95) for 5 days upon return to work b. Until 10 days after symptoms onset, and 24 since last fever, and symptoms have improved. – Wear a well-fitted mask (e.g., N-95) for 5 days upon return to work c. Until 5 days have passed since the date of the first positive viral test – Wear a well-fitted mask (e.g., N-95) for 5 days upon return to work
Scabies	1. Exposed personnel will be evaluated for signs and symptoms of mite infestation. Appropriate therapy will be provided for confirmed or suspected scabies 2. Personnel with confirmed scabies will be excluded from the care of patients until they have completed appropriate treatment and have shown by medical evaluation to have been effectively treated 3. Routine prophylactic scabicide will not be provided unless exposure risk is confirmed	a. Confirmed Cases: Exclude from patient care.	Until receive appropriate treatment and have shown by medical evaluation to have been effectively treated
Staphylococcus Aureus, infection a. Active, draining lesions b. Carrier Status	No restriction	b. Restrict from patient contact and contact with the patient environment and restrict from food handling c. No restriction, unless personnel are epidemiologically linked to transmission of the organism	Until lesions have resolved.
Streptococcus, Group A - Invasive	Close contact will be assessed for PEP by Infection Prevention and Control	Until released by physician	Until released by physician

Policy 3364-109-EH-501  
 Work Restrictions for Personnel  
 With Contagious Diseases  
 Page 8

Disease/Condition	Process for Identification if Exposed/Suspected	Work Restrictions for Confirmed Disease	Duration
Tuberculosis	Occupational Health will perform QuantiFeron test. If positive, further follow-up for symptoms or latent TB may be required  Refer to <a href="#">TB Exposure Control Plan</a>	Exclude from duty if active disease until local public health authority approves the healthcare workers return to work	Until proven non-infectious by symptom resolution and evidence of cleared infection along with clearance from the local public health authority
Vaccinia reaction		Exclude from duty	Until lesions are crusted
Variola (Smallpox)		Exclude from duty	Until disease is resolved and cleared by physician
Vaccinia rash		Exclude from duty	Until cleared by physician to return to work
Varicella (Chicken Pox)	Varicella: Susceptible personnel will be excluded from duty from the 10 <sup>th</sup> day after first exposure through the 21 <sup>st</sup> day after the last exposure or if varicella occurs, until all lesions have crusted	Exclude from duty until all lesions are crusted and no new lesions appear in a 24-hour period	Until lesions are dry and crusted and can be contained under a dressing
Viral Respiratory Infection	Influenza-Staff with exposure during institutional or community outbreaks of influenza, will be provided with Tamiflu as prescribed for prophylaxis under the guidance of Infection Prevention and Control	Exclude from work until 24 hours after resolution of fever without use of antipyretic medications	Until 24 hours after resolution of fever without use of antipyretic medications
Zoster (Shingles) a. Localized  b. Disseminated infection	If localized zoster exposure no restriction	a. Cover lesions, restrict from patient care of high-risk patients (ICU and immunocompromised patients)  b. Exclude from duty	a. Until all lesions dry and crust  b. From the 10 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG was given) after last exposure, or if varicella occurs, until all lesions dry and crust



**INFECTION PREVENTION AND CONTROL DEPARTMENT  
INFECTIOUS DISEASE EXPOSURE FORM TO BE COMPLETED BY:  
DEPARTMENT DIRECTORS IN CONJUNCTION WITH OCCUPATIONAL HEALTH**

**NOTIFICATION:**

Communicable Disease:

\_\_\_\_\_

Potentially Exposed Patients

Physician(s) Notified (Date):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Potentially Exposed Staff (use additional sheet if necessary):

_____	Date	_____	Date
_____	Date	_____	Date
_____	Date	_____	Date
_____	Date	_____	Date
_____	Date	_____	Date

Definition of Exposure: \_\_\_\_\_  
\_\_\_\_\_

Index Case (Period of Communicability): \_\_\_\_\_

Recommended Follow Up: \_\_\_\_\_  
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Occupational Health Physician Notified: Date \_\_\_\_\_

Reported to Health Department: YES \_\_\_\_\_ NO \_\_\_\_\_

**University of Toledo Medical Center**  
**3000 Arlington Ave**  
**Toledo, OH 43614**  
**419-383-4000**

Occupational Health: **Exposure Determination for Prophylactic Treatment**

Source Patient's Name: \_\_\_\_\_

Department Exposure Occurred: \_\_\_\_\_

- \_\_\_\_\_ Meets the definition of an exposure (see below)
- \_\_\_\_\_ Completed and signed an Occurrence Report
- \_\_\_\_\_ Notified IPC (Ext. 5006) and/or Family Medicine Clinic (Ext.)
- \_\_\_\_\_ Notified the Nursing Supervisor (Administrative Coordinator)
- \_\_\_\_\_ Employee of UTMC (ID)
- \_\_\_\_\_ Student rotating through UTMC or other (EMT, patient, etc.)

Note: Family members will be referred to their personal physician or ED for treatment.

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Definitions of Exposures:

***Neisseria meningitidis*** (Meningococcal Infection) Intense direct contact with respiratory secretions without wearing a mask.

Check the appropriate exposure:

- \_\_\_\_\_ Performed mouth to mouth resuscitation on the patient
- \_\_\_\_\_ Intubated or suctioned the patient
- \_\_\_\_\_ Performed oral or fundoscopic examination
- \_\_\_\_\_ Have been sneezed on or coughed in the face
- \_\_\_\_\_ Define distance \_\_\_\_\_

Cipro PO 500 mg x 1 dose

Rifampin PO 600 mg BID (total of 4 doses)  
\*Separate Prescription Required for each patient

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**Scabies** (A parasitic disease of the skin caused by a mite and spread person to person via direct skin contact from an infected person.)

Definition of Exposure:

Direct unprotected skin to skin contact with an infected patient and is symptomatic

Elimite cream  
\*Separate Prescription Required for each patient

Ivermectin 200 mcg/kg PO x1  
Rounded to 3 mg

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**Pertussis**

**Definition of Exposure:**

Had face to face unprotected contact with another symptomatic person with pertussis

Treatment consists of prescribed antibiotics for asymptomatic; work restrictions apply to symptomatic persons with direct patient care. See policy: 3364-109-EH-501

MD prescription/ Pharmacy will provide directions for use

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Staff Completing  
Report (print)

Department

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Staff Signature

Date

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Physician Authorizing  
Form:

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Pharmacist

Date