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POLICY

It is the policy of the Johns Hopkins Hospital (JHH) to prevent and control communicable diseases. Each person working at JHH should prevent disease transmission to themselves and to patients. This policy will help prevent and control communicable diseases. Pregnant personnel should check with their physician prior to receiving treatment, prophylaxis, or vaccination. This policy applies to students, university employees and hospital employees.

I. PREVENTIVE MEASURES FOR COMMUNICABLE DISEASES

A. Pre-Employment Screening and Immunizations

1. Required Screening Tests (for Health Care Employees)

- a. Tuberculin (TB) skin test, depending on BCG history [see IV. B. 6. a. 1]]
- b. Chest X-ray if indicated [see IV. B. 5.]
- c. Varicella, rubeola, and rubella antibody tests
- d. Anti-HBs antibody test

2. Employment offers will be contingent upon the applicant complying with the parameters of the policy.


3. Immunizations and Proof of Immunity

a. Measles

A healthcare worker born after 1956 who is newly retained direct or contractual employee, or a volunteer of a hospital shall have documentation of receipt of one dose of live measles virus vaccine after becoming 1 year old or proof of immunity by blood test for antibody to rubeola. The hospital shall keep the measles vaccination or immunity status of each worker on file (DHMH 10.06.01).

b. Rubella

A health care worker born after 1956 or a volunteer of a hospital, shall have documentation of receipt of one dose of live rubella virus vaccine after becoming 1 year old or proof of immunity by blood test for antibody to rubella.

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The hospital shall keep the rubella vaccination or immunity status of each worker on file (DHMH 10.06.01).

c. Exemptions for Rubella and Measles Vaccination

- 1). *A medical exemption will be granted for any worker who presents a written statement from a licensed physician or a health officer indicating that immunization against rubella or measles is medically contraindicated or detrimental to the worker's health. The statement shall indicate whether the exemption should be permanent or temporary. If temporary the statement shall indicate the date on which the worker is to receive the immunization (DHMH 10.06.01).*
- 2). *If a worker objects to an immunization upon the grounds that it conflicts with the worker's bona fide religious beliefs and practices, religious exemption to the worker shall be granted for the immunization (DHMH 10.06.01).*

d. Any worker not immune to rubella will not be allowed to work in Obstetrics.

e. Hepatitis B

Hepatitis B vaccine (series of 3 vaccinations) is offered to all employees at risk in compliance with OSHA standards. Antibody testing is done at the time of pre-employment. Those susceptible employees who do not wish to take the Hepatitis B vaccine must sign a declination form.


f. TB [see Section IV. B. 5. below]

g Varicella

If a employee works with patients they must be immune to varicella.

B. Immunizations Offered to all Susceptible Personnel

1. MMR (measles, mumps, rubella) vaccine
2. Influenza vaccine (before and during community influenza season)
3. Hepatitis B vaccine
4. Tetanus Diphtheria vaccine

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5. Varicella vaccine

II. PERIODIC SCREENING OF EMPLOYEES FOR COMMUNICABLE DISEASE

The only communicable disease for which periodic screening is required is tuberculosis (See Section IV. B. 5. below). Periodic screening may be necessary any time during employment screening given sufficient medical reason.

III. MANAGEMENT OF EMPLOYEES WITH CONTAGIOUS OR INFECTIOUS DISEASES

(See Appendix B)

A. General

Employees who show signs or symptoms of contagious or infectious diseases (fever, chills, vomiting) must be referred to the Occupational Health Services (OHS) for diagnosis and recommendation of appropriate therapy as well as determination of their suitability to continue to work (See B. 3. below and Appendix B). The Department of Hospital Epidemiology and Infection Control will be notified immediately of these employees. The employee may be relieved of duty depending on the severity of the illness. All employees must report to the OHS before returning to duty and present a Return-to-Work form. When OHS is closed, call beeper 283-2497. If employees do not receive an answer they should call the paging operator and page the nurse on call. For items not listed below, see Appendix B.

B. Management of Employees with Specific Diseases


1. Herpes Simplex, Herpes Zoster

Employees with herpes simplex or herpes zoster may remain on duty, depending on the assignment involved, with the approval of the OHS, but must practice thorough handwashing prior to patient contact. Herpes zoster lesions must be coverable.

Employees with herpes simplex or herpes zoster may not work with immunocompromised patients until their lesions are crusted.

2. Scabies

Employees with scabies must be treated with a scabicide and put off duty until 24 hours after effective therapy. Non-pregnant personnel should apply Elimite 5% permethrin cream to entire body for 12 hours. A second application will be administered one week later. Household contacts should also be treated to prevent re-infestation. Employees whose rash fails to clear after receiving a scabicide must report back to OHS for further evaluation and may be referred to a dermatologist .

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3. Personnel with Viral Conjunctivitis

If conjunctivitis is diagnosed, personnel are to be furloughed from work for three days, and return for a second evaluation by Occupational Health Service, University Health Service, an ophthalmologist, or other physician. Employees with continuing signs and symptoms of viral conjunctivitis or positive culture for adenovirus will be relieved from duty for 14 days. Indeterminate cases will return in 3 days for disposition by faculty of the Cornea and External Diseases Services.


4. Return-to-Work Screening

Employees who miss work time because of a communicable disease must be screened by OHS to determine whether they can return to work and resume their regular job duties without impairing their own health or the health of others (See Appendix B). Advice of the employee's physician may be required.

C. Management Issues Specific to Food Handlers

A person with any of the following diseases, or a confirmed or suspected carrier of the organisms causing any of the following diseases, may not serve or handle, in any manner whatsoever, food intended for public consumption:

1. Amebiasis caused by *Entamoeba histolytica* (see Appendix B)
2. Cholera
3. Disease causing diarrhea, unless physician-certified as noninfectious
4. Hepatitis A (see Appendix B)
5. Salmonellosis (see Appendix B)
6. Shigellosis (see Appendix B)
7. Streptococcal infection caused by group A beta-hemolytic Streptococcus (see Appendix B)
8. Typhoid fever or carrier of *Salmonella typhi* (see Appendix B)
9. *E coli* 0157:H7

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IV. MANAGEMENT OF EMPLOYEE EXPOSURES TO INFECTIOUS OR COMMUNICABLE DISEASES (See also Appendix B)

A. General

Employees exposed to infectious or communicable diseases are to report to the OHS. OHS will forward a completed Exposure form back to the Department of Hospital Epidemiology and Infection Control (see Appendix C). When OHS is closed, employees should call beeper 283-2497.

B. Exposures to Specific Diseases

1. Meningococcal Meningitis or Meningococemia without Meningococcal Pneumonia


Personnel having face-to-face contact while respiratory secretions are being handled (mouth-to-mouth resuscitation, intubation) with a patient with meningococcal meningitis should receive chemoprophylaxis. Antimicrobial prophylaxis is not indicated for personnel having a less than significant patient contact. One dose of 500 mg of Ciprofloxacin shall be provided to adults provided there are no contraindications. Exposed pregnant personnel will receive an intramuscular injection of 250 mg of ceftriaxone.

2. Meningococcal Pneumonia

Personnel having physical contact with respiratory secretions of an infectious person or close proximity (3-6 feet) to an infectious person for more than several minutes will be provided antibiotic prophylaxis. One dose of 500mg of Ciprofloxacin shall be offered, provided there are no contraindications. Exposed pregnant personnel will receive an intramuscular injection of 250 mg of ceftriaxone.

3. Pertussis

Personnel having physical contact with respiratory secretions of an infectious person or being in close proximity (3-6 feet) to an infectious person for more than several minutes will receive chemoprophylaxis. Erythromycin (for adults, 500 mg orally four times per day as tolerated) for 14 days shall be offered, provided there are no contraindications. TMP/Sulfa shall be offered if staff are allergic or unable to tolerate erythromycin.

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4. Influenza A

Personnel having contact with respiratory secretions with a patient with Influenza A and not previously immunized for Influenza A should receive the Influenza vaccine and chemoprophylaxis with amantadine. If amantadine is given, it is administered at a dose of 200 mg per day for fourteen days post-exposure, until Influenza A antibodies have developed. If influenza vaccine is contraindicated, amantadine can be given for longer periods of time. (MMWR 41 RR9 5/15/92)

5. Scabies

a. Conventional Scabies - Single Case

All staff relatives and other patients having prolonged skin-to-skin contact with the patient before treatment will be given prophylactic treatment with 5% permethrin. Pregnant health care workers will be treated after review with an obstetrician.

b. Conventional Scabies - Multiple Cases

Follow 5a above with the addition of the following: representatives from HEIC, OHS and the affected department(s) will meet to decide if a more extensive control program should be implemented.

c. Crusted (Norwegian) Scabies


1. Any staff who have had direct "hands on" contact with the patient before the patient was treated will receive two treatments with 5% permethrin. The first treatment of the scabicide should occur immediately and the second application should be scheduled seven (7) days after the first.
2. Those persons who had only indirect contact (contact with the patients bedding, clothing) or single brief period of skin to skin contact will be treated once with 5% permethrin.

6. Tuberculosis Screening and Postexposure Management of Personnel

a. Screening of Personnel

1) Screening at the time of hiring

- a). A baseline assessment is conducted based on flowcharts 1 and 2


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2) Periodic Screening

- a). Screening for all hospital personnel will be performed per the 1994 CDC Guidelines on Tuberculosis. All staff providing direct patient care or having occupational exposure to tuberculosis (personnel who work with TB cultures) as identified by their manager are required to be evaluated for TB at least annually (or more frequently) if determined by OHS. All other staff will be offered TB screening.
- b) The Department of Hospital Epidemiology and Infection Control (HEIC) will conduct an annual risk assessment for tuberculosis (based on the 1994 CDC Tuberculosis Guidelines). Additional TB screening may be required based on the risk assessment results.

3). Recent Converters with no known exposure

- a). Definition
 - a1). Recent PPD converters are defined as those who have an increase in their PPD skin test induration occurring within a 2 year period as follows:
 - aa1). ≥ 10 mm increase for those < 35 years old
 - aa2). ≥ 15 mm increase for those ≥ 35 years of age
- b). Management
 - b1). Personnel who are recent converters should have a chest x-ray to assess for active pulmonary tuberculosis. If active TB is excluded, personnel receive prophylaxis (generally INH) according to CDC guidelines. Persons with active disease should be referred to a physician for treatment and follow-up medical care.
- c). Reporting
 - c1). Reports of converters or persons with tuberculosis should be forwarded immediately to HEIC - see form attached

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(Appendix A).

- b. TB Exposures in Hospital Personnel
 - 1. Postexposure PPD testing guidelines - see flowcharts 3 and 4
 - 2. HEIC will notify the Occupational Health Services (OHS) when personnel exposures to tuberculosis occur in the hospital.
 - 3. HEIC will provide lists of exposed personnel to OHS.
 - 4. **Employees exposed to a patient with TB must be evaluated for TB by OHS. Employees will be notified of the exposure by OHS.** If an employee fails to respond, a letter will be sent to the employee's supervisor. Results of the management of exposures should be kept and forwarded to HEIC promptly.

- c. Personnel with active TB

Personnel with active pulmonary TB will be excluded from work until AFB sputum smears are negative and they have received at least 2 weeks of three antimicrobial agents.

REFERENCES


Department of Health/Mental Hygiene Code of Maryland Regulations 10.06.01 July, 1993.

US Centers for Disease, Prevention and Control Guidelines for Preventing Transmission of MTB in Health-Care Facilities, MMWR 1994; 43 (NO RR-13)

American Thoracic Society Rev Resp Dise 1990; 725-735.

CONTROL

Director of the Department of Hospital Epidemiology and Infection Control

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REVIEW CYCLE

2 years

APPROVAL

VP Medical Affairs

Date

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RESPONSIBILITIES

Occupational Health Service

Screens all new hospital employees. Provides vaccine, screening (Section 1), diagnosis and therapy for communicable diseases as needed for all staff. Notifies HEIC if an employee is diagnosed with a communicable disease. Send the completed Exposure Survey Form HEIC (see Appendix C).

Hospital Epidemiology and Infection Control

Determines if a communicable disease exposure involving patients, visitors, or health care workers has occurred. Verifies communicable disease diagnosis as needed. Notifies OHS that an exposure has occurred. Sends OHS an Exposure Survey Form (see Appendix C). Helps determine appropriate therapy and furlough strategies for exposed individuals. Updates this policy and brings it to Hospital Epidemiology and Infection Control Committee at least every 3 years.

Managers/Department Chairs

Ensures employees do not work with communicable diseases listed in Appendix B.

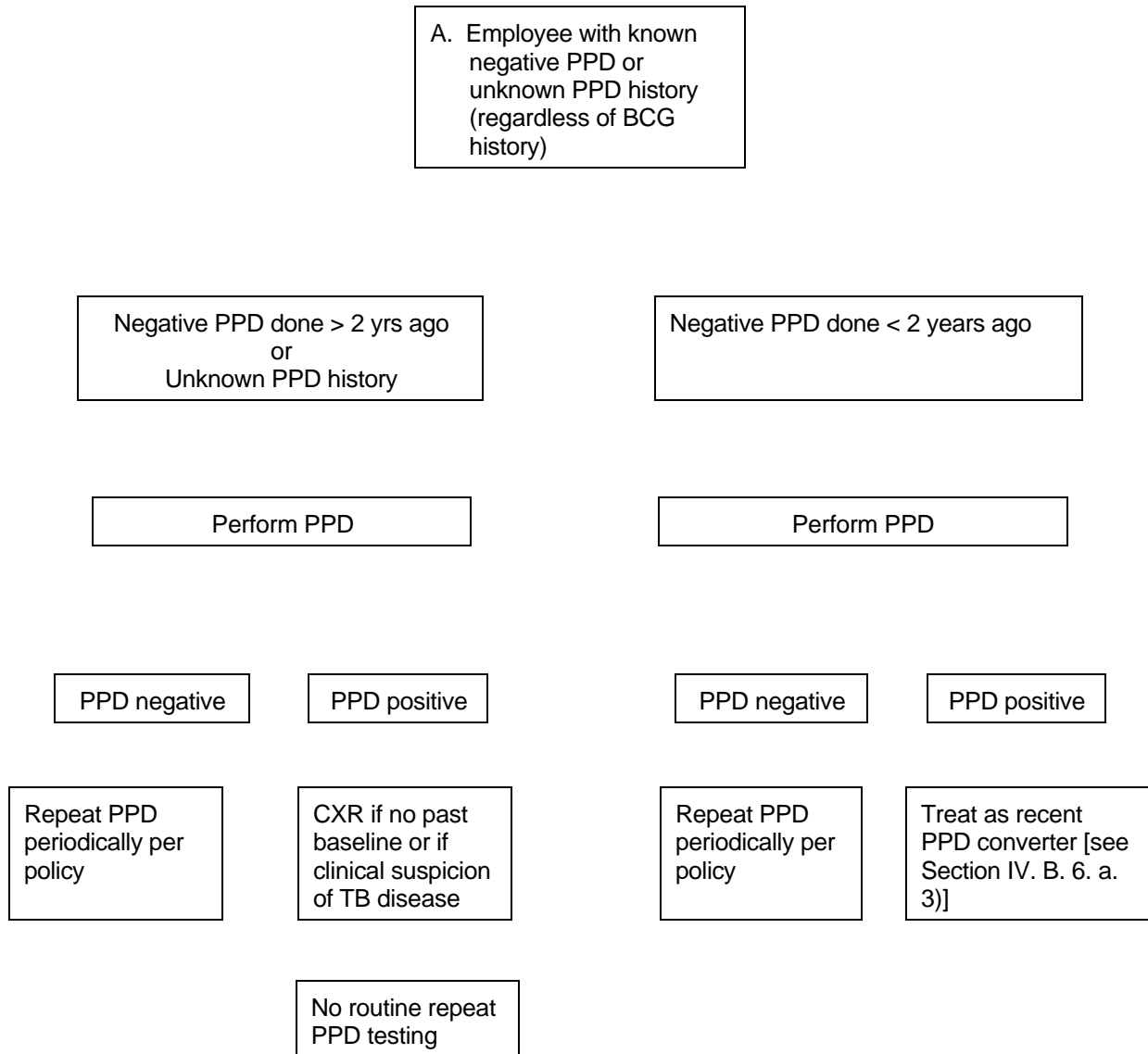
Clinical/Support Personnel

Must follow this policy. Must notify their supervisor immediately upon discovery of being exposed to a communicable disease and to follow all related instructions given by their manager and to follow all medical instructions given by OHS/HEIC.

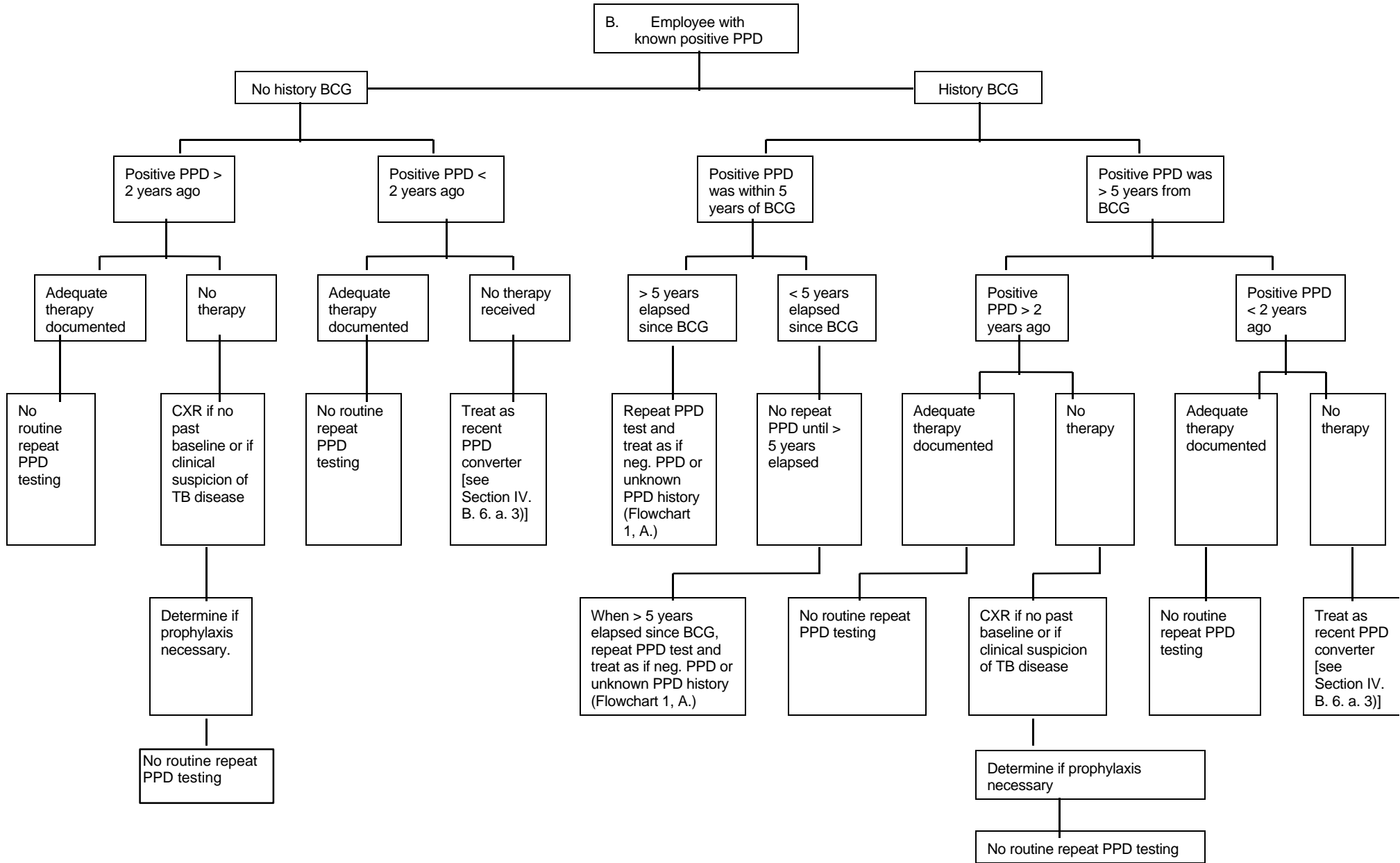
JHH Personnel

Must follow this policy. Failure to comply with the policy will result in appropriate action which can include discipline up to and including termination.

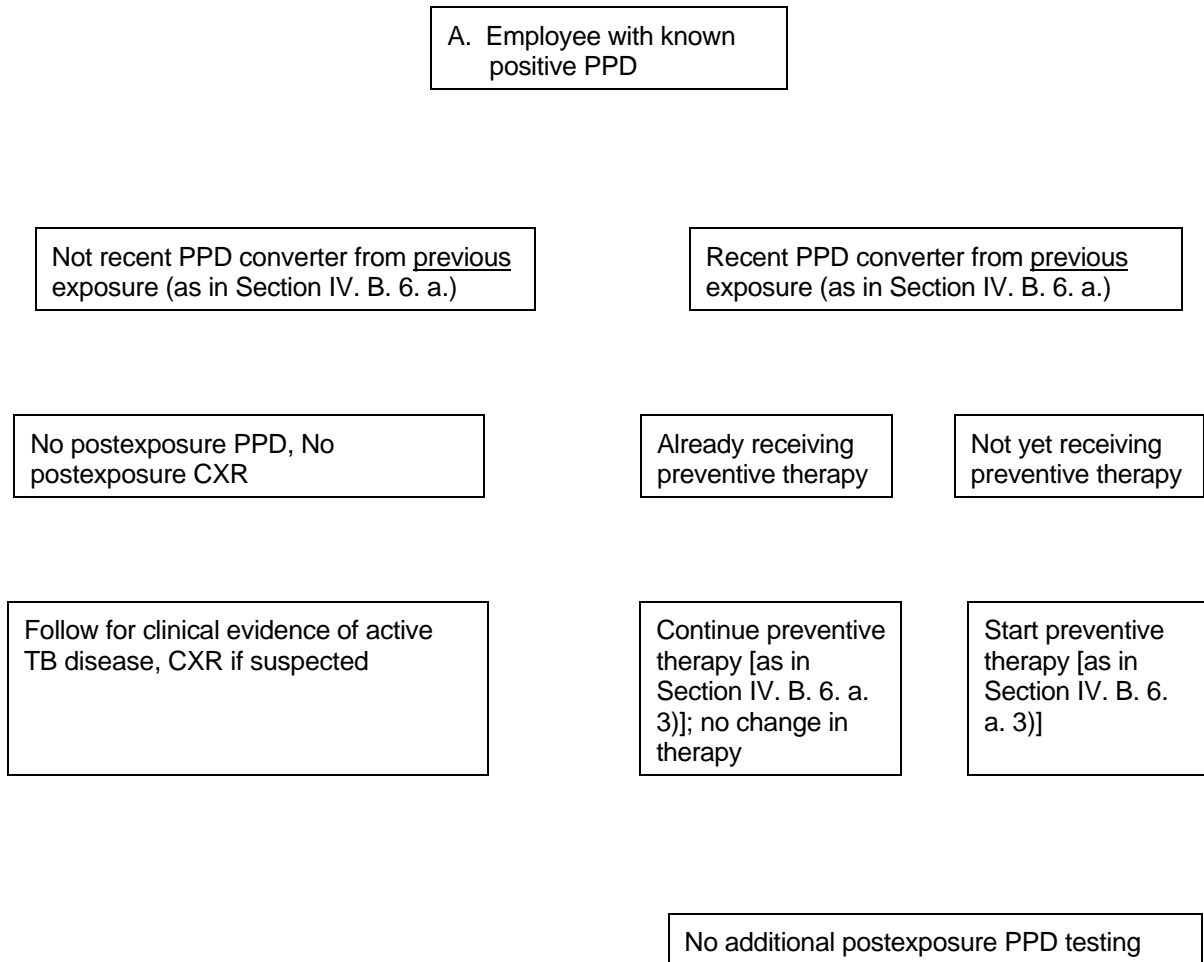
PPD TESTING FOR NEW PERSONNEL AT TIME OF HIRING



PPD TESTING FOR NEW PERSONNEL AT TIME OF HIRING



POSTEXPOSURE PPD TESTING OF PERSONNEL



POSTEXPOSURE PPD TESTING OF PERSONNEL

B. Employee with known negative PPD or unknown PPD history

Negative PPD within 3 months before exposure

Negative PPD more than 3 months before exposure or unknown PPD history

Negative PPD done > 2 years ago OR unknown PPD history

Negative PPD done > 3 months before exposure and < 2 years ago

Perform PPD

Perform PPD

PPD Negative

PPD Positive [by criteria of Section IV. B. 6. a. 3) a)]

PPD Negative

PPD Positive ≥ 5 mm

CXR if no past baseline or if clinical suspicion of TB disease

Manage as recent PPD converter [as in Section IV. B. 6. a. 3) b)]

Repeat PPD at 12 weeks postexposure

Assess for need for INH prophylaxis

No additional postexposure PPD testing

PPD Negative

PPD Positive ≥ 5 mm

No additional postexposure PPD testing

Repeat PPD periodically per policy

Manage as recent PPD converter (as in Section IV.B.6.a. 3) b)]

V. GUIDELINE FOR REPORTING EMPLOYEE INFECTIONS AND COMMUNICABLE DISEASE EXPOSURES TO THE DEPARTMENT OF HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL

A. Submit a Report of Infection Form to the Department of Hospital Epidemiology and Infection Control for:

1. All employees who have infections or exposures to infectious diseases which could pose a danger to patients or fellow employees including:
 - a. Tuberculosis, including skin test conversion
 - b. Purulent lesions of the hand(s)
 - c. Rubella
 - d. Varicella (chicken pox or shingles)
 - e. Measles
 - f. Salmonella
 - g. Shigella
 - h. Meningococcal disease
 - i. Pertussis
 - j. Scabies
 - k. Influenza
 - l. Herpetic whitlow
 - m. *E coli* 0157:H7
2. All employees who have an infection which represents at least the second diagnosed case from the same hospital area within a short period of time.
 - a. Second case of conjunctivitis within 3 weeks.
 - b. Second case of purulent pharyngitis within 3 weeks.
 - c. Second case of viral gastroenteritis
3. Any infection, which on epidemiologic grounds, could be nosocomial (i.e. Hepatitis, TB, RSV, etc).

B. Reporting is to be completed by OHS in the aforementioned cases by use of the appropriate Infection Control Report Form (Appendix A). The Department of Hospital Epidemiology and Infection Control will maintain records of employee infections for a two year period and use them to look for clusters of infections and sources of some individual infections. A copy of the report form will be maintained in the employee's OHS file.

Appendix A

**OCCUPATIONAL HEALTH SERVICES-REPORT OF INFECTION
OR COMMUNICABLE DISEASE EXPOSURE
JOHNS HOPKINS HOSPITAL**

EMPLOYEE'S NAME: _____

AREA OF EMPLOYMENT: _____

EMPLOYEE'S TITLE: _____

DATE AND TIME SEEN BY HEALTH SERVICE: _____

TYPE OF INFECTION: _____

TYPE OF EXPOSURE: _____

SYMPTOMS: _____

PATIENT'S NAME & DIAGNOSIS: _____

BLOOD TEST DONE: YES NO TYPE _____

OTHER TEST DONE: YES NO TYPE _____

BLOOD SPECIMEN SAVED: YES NO _____

MEDICAL MANAGEMENT AND COMMENTS: _____

CORRECTIVE ACTION (if any): _____

SENT OFF DUTY: YES NO DURATION (IF YES) _____

FOLLOW-UP REQUIRED: YES NO _____

EPIDEMIOLOGICAL COMMENTS (TO BE FILLED IN BY DEPARTMENT OF HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL)

SIGNATURE OF PERSONS COMPLETING FORM

**SEND TO: THE DEPARTMENT OF HOSPITAL EPIDEMIOLOGY AND INFECTION CONTROL
(Osler 425)**

Appendix B

**SUMMARY OF RECOMMENDATIONS AND WORK RESTRICTIONS FOR PERSONNEL
EXPOSED TO OR HAVING SELECTED INFECTIOUS DISEASES**

DISEASE/PROBLEM	RELIEVE FROM DIRECT PATIENT CONTACT*	PARTIAL WORK RESTRICTION	DURATION
Conjunctivitis , infectious	Yes		See Section III. B. 2.
Cytomegalovirus , infectious	No		
Diarrhea			
Acute stage (diarrhea with other symptoms)	Yes	Personnel should not take care of infants and newborns in NICU and CMC6.	Until symptoms resolve and infection with <i>E. histolytica</i> , <i>Shigella</i> and <i>Salmonella</i> are ruled out.
Amebiasis	Yes, until diarrhea ceases if positive for <i>E. histolytica</i>		
Enteroviral infections	Yes		
Salmonella (non-typhoidal) (with or without diarrhea)	Yes		
Shigella (with or without diarrhea)	Yes		
			Until symptoms resolve.
			Until stool is free of the infecting organism on 3 consecutive cultures not less than 24 hours apart and not sooner than 48 hours after antibiotics are discontinued (if given) ¹
			Until stool is free of the infecting organism on 3 consecutive cultures not less than 24 hours apart and not sooner than 48 hours after antibiotics are discontinued.

¹ Occupational duties may resume earlier if the likelihood of disease transmission is low and patient care is not involved.

DISEASE/PROBLEM	RELIEVE FROM DIRECT PATIENT CONTACT*	PARTIAL WORK RESTRICTION	DURATION
<p>Diarrhea (Continued)</p> <p>Typhoid fever (For carrier state see COMAR 10.06.01)</p>	Yes		<p>a) Until fecal and urine specimens are negative Salmonella-free on 3 consecutive specimens, collected not less than 24 hours apart, not sooner than 48 hours after antibiotics are discontinued no earlier than 1 month after onset.</p> <p>b) If any specimen in a) is positive, then at least 3 consecutive negative cultures of feces and urine at intervals of 1 month with 12 months shall be required.</p>
Group A streptococcal disease	Yes		Until 24 hours after adequate treatment is started.
<p>Hepatitis, viral</p> <p>Hepatitis A</p> <p>Hepatitis B</p> <p> Acute, symptomatic</p> <p> Chronic antigenemia</p> <p>Hepatitis C</p>	<p>Yes</p> <p>Yes</p> <p>As per recommendation of reviewing group</p> <p>No</p>	<p>Personnel should wear gloves for procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin.</p> <p>Same as above.</p>	<p>Until 7 days after onset of jaundice or 2 weeks after the onset, if not jaundiced.</p> <p>Until enzymes decrease and medically fit.</p> <p>Until antigenemia resolves.</p> <p>Period of infectivity has not been determined.</p>

DISEASE/PROBLEM	RELIEVE FROM DIRECT PATIENT CONTACT*	PARTIAL WORK RESTRICTION	DURATION
Herpes simplex Genital Hands (herpetic whitlow) Oral	No Yes No	NOTE: It is not known whether gloves prevent transmission. Personnel should not take care of high-risk patients.	Until lesions are crusted.
Measles Active Post exposure (susceptible personnel)	Yes Yes		Until 7 days after the rash appears. From the 5th through the 21st day after exposure or for 7 days after the rash appears.
Mumps Active Postexposure (susceptible personnel)	Yes Yes		Until 9 days after parotitis begins. From the 12th through the 26th day after exposure or after onset of parotitis.
Pertussis Active Postexposure (asymptomatic personnel) Postexposure (symptomatic personnel)	Yes No Yes	See IV. B. 3.	From the beginning of the catarrhal stage through the 3rd week after onset of paroxysms or until 7 days after start (and compliance) with effective therapy. Same as active pertussis.
Rubella Active Postexposure (susceptible personnel)	Yes Yes		Until 5 days after the rash appears. From the 7th through the 21st day after exposure or 5 days after rash appears.

DISEASE/PROBLEM	RELIEVE FROM DIRECT PATIENT CONTACT*	PARTIAL WORK RESTRICTION	DURATION
Scabies Active Postexposure	Yes No		24 hours after treatment. Treatment with scabicide
Staphylococcus aureus (skin lesions) Colonization (anterior nares) linked epidemiologically (same DNA strain) to infections in patients	Yes Yes		Until lesions have resolved. If epidemiologically linked to infection in patients, two negative hand cultures are required. Until received two or more doses of mupirocin ointment. Follow-up nasal (and possible hand) culture(s) required.
Upper Respiratory Infection (Not related to RSV, influenza, or pertussis)	No	Should wear mask for all patient contact and personnel with upper respiratory infections should not take care of high risk patients.	Until acute symptoms resolve.
Varicella (Chickenpox) Active Postexposure In Hospital (susceptible personnel)	Yes Yes		Until all lesions dry and crusted. From the 10 th through the 21 st day after exposure or if varicella occurs, until all lesions are dry and crusted. From the 10 th until the 28 th day after exposure if staff has received VZIG (Varicella Zoster Immune Globulin)
Zoster (Shingles) Active Postexposure (Disseminated)	Yes Yes	Appropriate barrier required; personnel may not take care of high-risk patients.	Until lesions are dry and crusted. ² From the 10 th through the 21 st day after exposure or if varicella occurs until all lesions are dry and crusted.

2. Employees exposed in the hospital may be considered for a screening process. The determination to screen the employees will be made after a discussion with the Department of Hospital Epidemiology and Infection Control director or designee and OHS.

APPENDIX C

HEIC Nurse _____
 OHS Nurse _____
 Date Faxed OHS _____
 Date Faxed HEIC _____
 Time Spent _____

**JOHNS HOPKINS HOSPITAL
 EXPOSURE SURVEY FORM**

PLACE(S) OF EXPOSURE _____

DATE(S) OF EXPOSURE _____

SIGNIFICANT FEATURES OF EXPOSURE _____

INDEX CASE (person with disease) CIRCLE ONE: STAFF PATIENT VISITOR STUDENT VOLUNTEER

NAME _____ IF STAFF, DEPARTMENT: _____

DISEASE _____ DATE OF ONSET ___/___/___ DATE OF ISOLATION ___/___/___

NOTE: Shaded areas are to completed by OHS.

NAME	SOCIAL SECURITY NUMBER	TITLE or OTHER see below*	TITER OR PPD STATUS <input type="checkbox"/> VZV PPD	PAST HISTORY		PROPHYLAXIS (specify)	FURLOUGH /ISOLATION DATE		ASSESSED BY INFECTION CONTROL		DATE SEEN in OHS	DATE SEEN in OHS	COMMENTS
				Yes	No		Begin	End	Yes	No			

