NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE
EMPLOYEE HEALTH AND OCCUPATIONAL CONCERNS

POLICY

A. The employee health nurse at the North Memorial Ambulatory Surgery Center will be responsible for:
    a. Evaluating and maintaining records for immunizations.
    b. Coordinating investigations, treatment, counseling, follow-up, and documentation for team members exposures to blood, body fluids, and pathogens.
    c. Reporting trends to the QAPI committee on a periodic basis and when significant event occurs.
    d. Reporting job related infections or infectious hazards.
    e. Evaluating team member problems related to hand hygiene and personal protective equipment**.**
    f. Coordinating and maintaining team member record for the influenza vaccination program.
    g. Team member TB Screening program.
    h. Promoting/educating to current immunizations.

PROCEDURES

A. NMASC contracts with Mobile Health to perform all our team members Pre-employment health exams. Concentra Health is used for Exposures.
B. Immunizations
    a. Pre-placement physical exams include evaluation of immunization status:
        i. Hepatitis B vaccine is offered to team members as outlined in the Exposure Control Plan
            1. Post-vaccine screening is performed 1-2 months after the 3rd dose is completed. Team members lacking antibody response will be revaccinated with a second 3-dose series. If no response after the second series, team member is counseled on risk of exposure to Hepatitis B.
        ii. Measles, Mumps, Rubella (MMR)
            1. All personnel will have documented evidence of immunity to measles, mumps, rubella by either documentation of vaccination series or titer. Equivocal titer Is considered to be not immune.
                a. Measles titer is down for all personnel born on or before 12/31/1956 and vaccination is offered to those with no proof of immunity.
        iii. Varicella
            1. All personnel will have documented complete vaccine series OR
            2. Immune varicella titer OR
            3. Medical documentation of disease history
        iv. Pertussis
            1. All personnel will have: one dose of pertussis vaccine (TDaP)

v. Vaccine Refusal
    1. Non-immune team members refusing vaccinations above must provide signature indicating they have been educated on potential risk of exposures. Vaccination will be made available if requested after declination.
vi. Influenza vaccine will be offered to all personnel annually.

C. Tuberculosis (TB) Screening and Exposures
    a. New team members are screened using the tuberculin skin test to TB blood test unless documentation is provided indicating a previous positive reaction.
        i. Team members with a previous positive reaction will be screened for and counseled regarding signs and symptoms of active disease.
        ii. Patients with known active TB are not admitted at the NMASC.
            1. If a team members has had contact with a patient who has a confirmed case of TB, team members will be referred to Concentra Health for counseling and treatment.

D. Respiratory Protection
    a. Respiratory protection (including medical clearance and Fit testing of respirators) is administered by Onsite Medical Services, and individually by Concentra Health at the pre-placement exam and annually there after by contracted services.

E. Exposure Follow-Up
    a. Exposures to pathogens should be reported to the Employee Health Nurse as soon as possible. Refer to the table 1 below for pathogens with occupational significance, including that of a pregnant healthcare worker.
    b. Post-exposure interventions may be warranted and are determined by the Employee Health Nurse. The decision for post-exposure interventions is dependent on several variables, including:
        i. Patient's infectivity
        ii. Presence/absence of a barrier (PPE)
        iii. Susceptibility of the team member
        iv. Potential for further spread

F. Work Restriction Guidelines
    a. Team members may be restricted from duty or have duties modified when communicable illness is reported or as a post-exposure intervention.
    b. Work restriction and return to work are at the discretion of the Employee Health Nurse.
    c. See table 2 for Work Restriction Guidelines.

G. Reporting Absence from work due to an illness or injury
    a. It is each team members responsibility to contact their department manager or designee immediately if they will not be able to report for their shift.
        i. Team members must notify their department a minimum of two hours prior to the beginning of their shift.
        ii. Any work related illness/injury must be reported to the Employee Health Nurse immediately.
    b. Any absence from work for three or more days may require a return to work note for the team members examining physician.

i. Return to work notes are to be given to the team members department supervisor, Employee Health Nurse, or designee.
    1. These notes will become part of the team members health file.

Table 1 Post-Exposure Recommendations

Disease/Pathogen	Exposure Risks	Post-Exposure Interventions	Additional Considerations for Pregnant HCW (None unless otherwise listed)
Bacterial meningitis	Respiratory secretions	For *Neisseria meningiditis* only: Chemoprophylaxis is indicated for HCW meeting exposure definition for close contact (includes lab personnel), where close contact is: direct exposure to oral secretions through mouth-to-mouth resuscitation, intubation/ET tube management	
Brucellosis	Aerosolization of lab specimens	Consultation with public health authorities, may include chemoprophylaxis, symptom monitoring, serological testing and/or duty exclusion	
Coronavirus (COVID-19)	Respiratory secretions	Consultation with public health authorities, may include symptom monitoring, testing and/or duty exclusion	Pregnant HCW should be reassigned to avoid unnecessary risk whenever staffing allows
Diphtheria	Respiratory secretions	Symptom monitoring, chemoprophylaxis, vaccination booster may be indicated for HCW meeting exposure definition	
Group A Streptococcus (Strep throat)	Respiratory secretions	Self-symptom monitoring for duration of incubation period. Consider screening in an outbreak setting only.	
Hepatitis A	Fecal contamination (direct, close contact with stool)	Immunoprophylaxis (vaccination or IG) indicated for HCW meeting exposure definition for close contacts during outbreaks.	
Hepatitis B Hepatitis C HIV	Blood and body fluids	Refer to Bloodborne Pathogen Exposure Management Protocol	
Influenza	Respiratory secretions	Self-symptom monitoring for duration of incubation period	Vaccination safe and recommended during pregnancy
Measles (Rubeola)	Aerosolization of respiratory secretions (airborne droplet nuclei)	For susceptible individuals: Vaccine is available within 72 hours of exposure or Immune globulin (IG) administration within 6 days of exposure	Non-immune HCW should be reassigned to avoid unnecessary risk. MMR vaccine not indicated for HCW known to be pregnant. Intravenous IG recommended as PEP in susceptible HCW
Parvovirus B19 (Fifth's Disease)	Respiratory secretions	Pregnant HCW should consult with their OB about serologic testing to assess susceptibility/acute infection status	Pregnant HCW should be reassigned to avoid unnecessary risk. In the event of the exposure, contact TMHC.

Disease/Pathogen	Exposure Risks	Post-Exposure Interventions	Additional Considerations for Pregnant HCW (None unless otherwise listed)
Pertussis	Respiratory secretions	Chemoprophylaxis is indicated for HCW meeting exposure definition for close contact. In addition, susceptible HCW should have vaccination initiated as soon as possible and all close contacts should self-symptom monitor for duration of incubation period	Pregnant HCW should receive Tdap during pregnancy irrespective of prior history of receiving vaccination
Tuberculosis	Aerosolization of respiratory secretions (airborne droplet nuclei)	Screening is indicated for HCW meeting exposure definition for close contact. For conversions to latent TB, treatment is recommended	
Tularemia	Aerosolization of lab specimens	Consultation with public health authorities, may include chemoprophylaxis, symptom monitoring, serological testing and/or duty exclusion	
Rubella	Respiratory secretions	Duty exclusion for susceptible individuals during the identified incubation period	Non-immune HCW should be reassigned to avoid unnecessary risk. MMR vaccine not indicated for HCW known to be pregnant. In event of exposure, serological testing performed
Scabies	Direct, extended skin-to-skin contact	Chemoprophylaxis is available but not typically warranted for non-household contacts	If being treated for scabies with topical medication, consult with OB prior to use
Varicella (Chickenpox)	Aerosolization of respiratory secretions (airborne droplet nuclei)/lesion contact	For susceptible individuals: Vaccine is available for healthy individuals within 5 days of exposure or Immune globulin (IG) administration for appropriate candidates. Additionally, duty exclusion and self-symptom monitoring may be implemented during incubation period	Non-immune HCW should be reassigned to avoid unnecessary risk. In event of exposure, VarizIG or IGIV indicated
Varicella Zoster (Shingles) - disseminated	Aerosolization of respiratory secretions (airborne droplet nuclei)/lesion contact	For susceptible individuals: Vaccine is available for healthy individuals within 5 days of exposure or Immune globulin (IG) administration for appropriate candidates. Additionally, duty exclusion and self-symptom monitoring may be implemented during incubation period	Non-immune HCW, pregnant or not, should be reassigned to avoid unnecessary risk. In event of exposure, VarizIG or IGIV indicated
Varicella Zoster (Shingles) - localized	Direct lesion contact	For non-immune (susceptible individuals): Vaccine is available for healthy individuals within 5 days of exposure or Immune globulin (IG) administration for appropriate candidates. Additionally, duty exclusion and self-symptom monitoring may be implemented during incubation period	Non-immune HCW, pregnant or not, should be reassigned to avoid unnecessary risk. In event of exposure, VarizIG or IGIV indicated
Viral Hemorrhagic Fever	Urine, blood/body fluids, stool	Consultation with public health authorities, may include symptom monitoring or duty exclusion during incubation period	

Table 2 Work Restriction Guidelines

Condition	Restriction	Duration
Cast/Orthotic Device	Team member (TM) with direct patient contact, those who work with contaminated equipment or waste must be assessed by TMHC before working. If device prevents use of gloves or adequate hand hygiene, TM is excluded from duty or given alternate duties which do not involve contamination risk (where feasible)	Until hand hygiene can be adequately performed
Coronavirus (COVID-19)	Exclude from duty	Follow current CDC return to work guidance
Conjunctivitis	TM with bacterial source is restricted from direct patient contact duties. No exclusion for confirmed viral source	Until 24 hours after effective antimicrobial therapy initiated
Diarrheal Illness *Campylobacter*, *Cryptosporidum*, *Giardia*, *Listeria*, norovirus, *Salmonella*, *Shigella*, hepatitis A, Shiga-toxin producing *E. coli*	Exclude from direct patient contact, food products, clean food equipment and clean utensil contact	Resolution of symptoms for 24 hours and ability/understanding to perform hand hygiene. *Shigella*: AND food handlers and TMs with direct patient contact have 2 negative stool cultures and ≥ 48 hrs. from last dose of antimicrobial *E. Coli, Salmonella*: AND food handlers have 2 negative stool cultures
Diarrheal Illness *C. difficile*	Exclude from direct patient contact, food products, clean food equipment and clean utensil contact	Completion of antimicrobial therapy and resolution of symptoms for 48 hours. Exceptions to this will be considered on a case by case basis in consultation with Hospital Epidemiologist
Diphtheria	Exclude from duty	Until completion of antimicrobial therapy completed and 2 cultures obtained at least 24 hours apart are negative
Enterovirus (including Hand, Foot and Mouth presentation)	Exclude from duties that require direct patient contact and contact with the patient's environment	Until symptoms resolve and hand hygiene can be adequately performed
Group A Streptococcus Skin infection Pharyngitis (strep throat)	Exclude from direct patient contact, contact with the patient's environment and food handling activities	Until 24 hours after start of effective antimicrobial therapy. (If skin infection, additionally hand hygiene can be adequately performed)

Condition	Restriction	Duration
	Exclude from duty	
Hepatitis B and C	May not perform exposure-prone invasive procedures until evaluation and counseling by TMHC Medical Director with emphasis on standard precautions – No other exclusions.	
Herpes simplex	Genital: No exclusions Hands (Herpetic whitlow): Exclude from direct patient contact and contact with the patient's environment Orofacial: Exclude team members working with high-risk populations: mother/baby, oncology	 Until lesions heal and hand hygiene can be adequately performed Until lesions dry/crusted
Herpes zoster (Shingles)	Localized: If lesions unable to be contained by bandage, exclude team members working with high-risk populations: infants, neonates, immune-compromised patients Post-exposure (susceptible TMs): Exclude from direct patient contact	Until lesions dry/crusted From 10th day after 1st exposure through 21st day after last exposure
HIV	May not perform exposure-prone invasive procedures until evaluation and counseling by TMHC Medical Director with emphasis on standard precautions – No other exclusions.	
Influenza	Exclude from duty	Until fever has resolved for at least 24 hours without use of antipyretics. If fever was not present, return to work 4 days after symptom onset
Lice	Exclude from direct patient contact and contact with the patient's environment	Until 24 hours after appropriate treatment
Measles (Rubeola)	Active: Exclude from duty Post-Exposure (susceptible TMs): Exclude from duty	Until 7 days after onset of rash From 5th day after 1st exposure through 21st day after last exposure
Meningococcal disease (*Neisseria*)	Exclude from duty	Until 24 hours after start of effective antimicrobial therapy
Mumps	Active: Exclude from duty Post-exposure (susceptible TMs): Exclude from duty	Until 9 days after onset of parotitis From 12th day after 1st exposure through 26th day after last exposure
Pertussis	Active: Exclude from duty Post-exposure/Asymptomatic (susceptible TMs): No restriction, see Table 2 for prophylaxis	Until 5 days after start of effective antimicrobial therapy
Rubella (German measles)	Active: Exclude from duty	Until 5 days after rash appears

Condition	Restriction	Duration
	Post-exposure (susceptible TMs):	From 7th day after 1st exposure through 21st day after last exposure
Scabies	Exclude from duty	Until 24 hours after start of effective antimicrobial therapy
Skin Infections Active, draining skin lesions	If lesions unable to be contained by mask or bandage, exclude team members working with high-risk populations: infants, neonates, immune-compromised patients, surgical/invasive procedures, food handling activities	Until lesions have healed and hand hygiene can be adequately performed
Carrier/colonization with multi-drug resistant organism	No restrictions unless epidemiologically linked to ongoing transmission/outbreak	
Tuberculosis	Active: Exclude from duties Latent: No restrictions	Until proved noninfectious by public health authorities
Varicella (Chickenpox)	Active: Exclude from duties Post-exposure (susceptible TMs): Exclude from duties	Until lesions crusted and dry From 10th day after 1st exposure through 21st day after last exposure
Viral respiratory infections	Exclude team members working with high-risk populations: Infants, neonates, immune-compromised from doing direct patient contact	Until fever has resolved for at least 24 hours without use of antipyretics. A procedure mask should be worn during patient care duties until respiratory symptoms resolve.

REFERENCES

Occupational Exposure Policy 2010

Center for Disease Control and Prevention (CDC) “Stay at Home When You Are Sick”.

ATTACHMENTS

Fitness for Duty/Return to Work Form

Physical Requirements for the Job 10001A

Requirements for New Hires 10001B

Hepatitis B Waiver 10001C

TB Annual Screening Tool 10001D

Pre-Placement Health Assessment 10002