

Policy Title

Workplace Exposure to Blood Borne Pathogens and Infections

Identifier

USCSOMG – STAF – 7.03

Prepared by: Office of Student Affairs	
Reviewed by: Interim Associate Dean for Student Affairs	Review Date: 04/24/2023
Approved by: USCSOMG Policy Committee	Approval Date: 06/29/23
	Effective Date: 06/29/23

LCME Standards

12.8 – Student Exposure Policies/Procedures

Scope

University of South Carolina (USC) School of Medicine Greenville (SOMG) students and visiting students

Policy Statement

It is the policy of USC SOMG to maintain a safe healthcare environment for patients, students and staff. Students caring for patients experience an increased risk of exposure to several infectious diseases, including Hepatitis-B (Hep B), Hepatitis-C (Hep C) and Human Immunodeficiency Virus (HIV). USC SOMG and the partner health system, Prisma Health, shall implement measures to prevent transmission of infectious diseases, which may at times warrant exclusion of students from certain patient care settings or types of patient contact.

USC SOMG and Prisma Health do not discriminate against otherwise qualified students based upon disabilities, including students infected with HIV, Hepatitis C or Hepatitis B virus, as long as the individual is able to perform the essential functions of the job safely and effectively with reasonable accommodations.

Reason for Policy

The purpose of this policy is to maintain a safe healthcare environment and provide for the well-being of patients, students and staff. The policy outlines required actions expected of all students involved in patient care in order to minimize the risk of transmission of infections to themselves and others and to prevent or minimize clinical disease in the event they experience significant exposure. LCME expects that a medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards.

Procedures

All USC SOMG students must follow the requirements and procedures as outlined by Prisma Health Employee Health: **Blood and Body Fluid Exposures**

- Blood and body fluid exposures should be immediately reported to the team member's supervisor to facilitate obtaining source patient lab work. The team member should call Employee Health and complete an eSREO.

- If a blood and body fluid exposure occurs after hours, on weekend or holidays team members should report immediately to the on-duty supervisor, who would then contact the Nursing Administrator on Duty (AOD).

Report to Employee Health: Monday – Friday (7:30 a.m.–4 p.m.)

- Upstate: 864-455-8991
- Midlands: 803-296-4768

~~in the Prisma Health Policy: Reporting Blood, Body Fluid, and Infectious Disease Exposures.~~ If rotating at a non-Prisma Health facility, students should follow the infection protocols of that facility and notify the Prisma Health Employee Health for ~~protocol for~~ testing and follow-up.

In addition, students must follow Standard Precautions as outlined by the Centers for Disease Control and Prevention (CDC) to prevent fluid borne infections in health care workers:

<https://www.cdc.gov/niosh/topics/bbp/default.html>.

The following actions are specifically required of students to minimize risk of transmission of infection:

- Gloves must be worn during all parts of a physical examination in which contact might be expected with the oral, genital or rectal mucosa of a patient.
- Gloves must be worn while examining any skin rash that might be infectious (e.g., syphilis, herpes simplex, etc.)
- Gloves must be worn during all procedures that involve risk of exposure to blood or body fluids, including venipuncture, arterial puncture and lumbar puncture.
- Gloves must be worn during any laboratory test on blood, serum or other blood product or body fluids.
- After performing a venipuncture, the needle (and syringe) must be deposited immediately in a disposal box (available in all patient and procedure rooms).
 - DO NOT recap or remove needles by hand. Care must be taken to avoid bringing the needle near others while transferring it to the container.
 - To reduce the overall risk of a needle stick, OSHA requires the use of syringes and other “sharps” designed with safety features that permit safe recapping/closure using one-handed techniques. Students must use these safety devices while on clinical rotations and must first receive training from nurses or physicians experienced with using the particular type of device prior to using it themselves.
- Protective eye wear (such as goggles or a face shield) must be worn when participating in surgical procedures or other activities in which exposure to airborne blood or body fluids (via aerosolization or splashes) may occur.

Actions to Take Following Exposure to Blood or Body Fluids:

Despite the best efforts to prevent blood/body fluid exposure, such exposures occasionally occur. Exposure to blood-borne pathogens may occur through direct contact with a patient's blood or body fluid via a needle or through contact with non-intact skin or the mucous membranes. If an exposure is suspected, the following steps must immediately be taken:

1. The site of the contamination must be thoroughly irrigated and washed with soap and water for 5 minutes. Exposed eyes should be flushed with water, normal saline or appropriate eye wash for 10 minutes.

Blood and Body Fluid Exposures

- Blood and body fluid exposures should be immediately reported to the team member's supervisor to facilitate obtaining source patient lab work. The team member should call Employee Health and complete an eSREO.
- If a blood and body fluid exposure occurs after hours, on weekend or holidays team members should report immediately to the on-duty supervisor, who would then contact the Nursing Administrator on Duty (AOD).

Report to Employee Health: Monday – Friday (7:30 a.m.–4 p.m.)

- Upstate: 864-455-8991
 - Midlands: 803-296-4768
2. Complete an eSREO located on the partner health system Connect intranet system– type “eSREO” in the search box; select ‘eSREO’. List the Physician Director of Employee Health as your supervisor (Dr. Kevin Kopera). When the form is completed select ‘Submit’ to turn in your form.
 3. For blood and body fluid exposures after consultation with Employee Health:
 - Obtain a STAT BBFE (includes HIV AG/AB, “Hepatitis B surface antigen, and Hepatitis C viral load) on source patient using a downtime order slip. Collect the source of the patient’s blood (2 yellow top tubes) and transport to the laboratory. For reverse exposures, notify Employee Health
 4. Subsequent actions are dependent upon the exposure risk.
 - When indicated, counseling and prophylactic treatment in accordance with CDC recommendations to prevent HIV infection should occur as soon as possible following exposure.
 - Following exposure to other blood-borne pathogens the student will receive treatment and follow-up in accordance with CDC recommendations.
 5. Depending on the exposure and risk, clinical restrictions on medical student learning activities will be determined by the prevailing policy of the partner health system, specifically for Prisma Health: Work Restrictions of Team Members with Potentially Infectious Conditions.

Actions to Take Following an Infectious Disease Exposure:

Notify Employee Health **Blood and Body Fluid Exposures** - follow the reporting procedure as outlined above.

1. Body Fluid, and Infectious Disease Exposures:
 - a. Mycobacterium tuberculosis (MTB)
 - b. cytomegalovirus (CMV)
 - c. Creutzfeldt-Jakob Disease (CJD)
 - d. Varicella (chickenpox)
 - e. Pertussis
 - f. Neisseria meningitidis
 - g. Scabies
 - h. Lice
 - i. Covid 19
2. Depending on the exposure and risk, clinical restrictions on medical student learning activities will be determined by the prevailing policy of the partner health system, specifically for Prisma Health: Work Restrictions of Team Members with Potentially Infectious Conditions.

Confidentiality:

It is the intent of USC SOMG and the partner health system to treat all student information and records relating to infectious and contagious diseases with strict confidentiality. Prisma Health Employee Health & Wellness records are private and HIPAA-protected and shall be released without consent only to individuals who have an absolute “need to know” as determined by the Medical Director of Employee Health, the Hospital Epidemiologist, or the Vice President of Human Resources.

Employee Health & Wellness will notify the Office for Student Affairs in the event of a student exposure to blood or body fluids to allow school officials to follow up with affected student to ensure compliance with exposure protocols.

Sanctions

Failure or refusal to follow Standard Precautions as outlined by the Centers for Disease Control and Prevention (CDC) to prevent fluid borne infections in health care workers may result in disciplinary action, up to and including dismissal.

Additional Contacts

Office of Student Affairs
Office of Academic Affairs
Prisma Health Employee Health & Wellness
Prisma Health Infection Prevention & Control

Related Information

USC School of Medicine Greenville Student Handbook
Work Policy Relating to Blood-borne Infectious Diseases: Human Resources - Upstate Prisma
Blood and Body Fluid Exposure Control Plan: Infection Prevention – Prisma Health
Prisma Health: Work Restrictions of Team Members with Potentially Infectious Conditions.
Prisma Health Infection Prevention & Control Manual
Occupational Safety and Health Act of 1970 (OSHA)

History

Date of Change	Change
June 2023	Updated based on Prisma Health policy regarding work restrictions.
Nov 2020	Updated based on Prisma Health policy regarding work restrictions and added appendix documents.
May 2019	Monitoring procedures were clarified. Editorial changes made due to branding updates and titles.
May 2018	Policy formalized into standardized template, LCME CQI





NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

Work Policy Relating to Blood-borne Infectious Diseases: Human Resources - Upstate

Approved Date: 05/11/2022	Effective Date: 05/11/2022	Review Date: 05/11/2023
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Scope:

Prisma Health-Midlands	Prisma Health-Upstate
Prisma Health Baptist Hospital	X Prisma Health Greenville Memorial Hospital
Prisma Health Baptist Parkridge Hospital	X Prisma Health Greer Memorial Hospital
Prisma Health Richland Hospital	X Prisma Health Hillcrest Hospital
Prisma Health Tuomey Hospital	X Prisma Health Laurens County Hospital
Prisma Health Children’s Hospital-Midlands	X Prisma Health Oconee Memorial Hospital
Prisma Health Heart Hospital	X Prisma Health North Greenville Hospital
PH USC Medical Group	X Prisma Health Patewood Hospital
Provider based facilities associated with Prisma Health-Midlands hospitals	X Prisma Health Surgery Center - Spartanburg
	X Prisma Health Marshall I. Pickens Hospital
	X Prisma Health Children's Hospital-Upstate
	X Prisma Health Roger C. Peace Hospital
	X Prisma Health Baptist Easley Hospital
	X University Medical Group UMG/PIH
	X Provider based facilities associated with Prisma Health-Upstate hospitals

Policy Statement:

It is the policy of Prisma Health-Upstate to maintain a safe healthcare environment for both patients and staff. Prisma Health-Upstate shall implement measures to prevent transmission of infectious diseases, which may at times warrant exclusion of healthcare workers (HCW) from certain patient care settings or types of patient contact.

Associated Policies and Procedures:

N/A

Associated Lippincott Procedures: (as applicable)

N/A

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Definitions:

N/A

Responsible Positions:

- All Team Members

Equipment Needed:

N/A

Procedural Steps:

1. Introduction. Prisma Health-Upstate does not discriminate against otherwise qualified HCW's based upon disabilities, including HCW's infected with HIV, Hepatitis C or Hepatitis B virus, as long as the individual is able to perform the essential functions of the job safely and effectively with reasonable accommodations.
2. Rationale
 - 2.1. HCW's infected with HIV, Hepatitis C or Hepatitis B virus who adhere to universal precautions and who do not perform exposure prone invasive procedures pose no significant risk for transmitting their disease to patients.
 - 2.2. Infected HCW's who adhere to standard universal precautions and who perform certain exposure-prone invasive (EPIP's) procedures may pose some risk for transmitting their disease to patients.
3. Requirements of Prisma Health-Upstate Healthcare Personnel
 - 3.1. All Prisma Health-Upstate HCW's must comply with the CDC "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients during Exposure-Prone Invasive Procedures" (MMWR, Vol. 40, No. RR-8) or equivalent guidelines adopted by the South Carolina Department of Health and Environmental Control or an applicable state licensing board pursuant to S.C. Code Section 44-30-10, et. seq.
 - 3.2. All HCW's shall adhere to standard universal precautions, including the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments.
 - 3.3. All HCW's who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment and devices used in performing invasive procedures until the condition resolves.
 - 3.4. All HCW's shall comply with Prisma Health-Upstate policies and procedures for disinfecting and sterilization of reusable devices used in invasive procedures.
4. Exposure-Prone Invasive Procedures
 - 4.1. Prisma Health-Upstate Infection Prevention & Control shall determine which procedures are classified as "exposure-prone invasive procedures" (EPIP's).

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Work Policy Relating to Blood-borne Infectious Diseases: Human Resources - Upstate

- 4.2. Characteristics of EPIP's include digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic state.
 - 4.3. Performance of EPIP's presents a recognized risk of percutaneous injury to the HCW, and –if such injury occurs—the HCW's blood is likely to contact the patient's body cavity, subcutaneous tissues, and/or mucous membranes.
 - 4.4. HCW's infected with blood-borne pathogens (HIV, Hepatitis B, Hepatitis C) are not routinely restricted from performing EPIP's.
 - 4.5. HCW's who perform EPIP's must report their position antibody status to Employee Health.
 - 4.6. HCW's who are infected with HIV and/or Hepatitis B should not perform EPIP's until they have sought counsel from an expert review panel and have been advised under what circumstances, if any, they may safely and effectively perform these procedures. Prisma Health-Upstate Infection Prevention & Control, Prisma Health-Upstate Employee Health, and the SC Department of Health and Environmental Control must approve the expert review panel.
 - 4.7. HCW's who are infected with Hepatitis C may continue to perform EPIP's pending review of the clinical status of the infected practitioner by a method acceptable to Prisma Health-Upstate.
 - 4.8. Prisma Health-Upstate may require any HCW with a positive antibody status whose job includes performing EPIP's (1) to be evaluated by an expert review panel, and/or (2) to take a leave of absence or to be restricted in their job from performing EPIP's pending the outcome of the expert review panel's evaluation; and/or (3) to submit to physical/mental examinations (including serological testing). Failure or refusal to cooperate shall result in corrective action up to and including termination.
 - 4.9. Prisma Health-Upstate shall make reasonable accommodations for any team member removed from their position performing EPIP's, including the opportunity to transfer to other available positions where they can perform the essential functions of the job safely and effectively with reasonable accommodations.
 - 4.10. Prisma Health-Upstate shall not perform routine serologic testing (with the exception of post-exposure testing) for blood-borne pathogens on applicants or current team members.
 - 4.11. All Prisma Health-Upstate team members who have an exposure to blood-borne pathogens must report the exposure to Employee Health immediately after first aid.
 - 4.12. Post-exposure medical management is provided to all team members and volunteers of Prisma Health-Upstate.
5. Confidentiality. It is the intent of Prisma Health-Upstate to treat all HCW information and records relating to infectious and contagious diseases with strict confidentiality. Employee Health records are strictly private and shall be released without team member consent only to individuals who have an absolute "need to know" as determined by the Medical Director of Employee Health, the Hospital Epidemiologist, or the Vice President of Human Resources.

Work Policy Relating to Blood-borne Infectious Diseases: Human Resources - Upstate

References:

1. "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients during Exposure-Prone Invasive Procedures" (MMWR, Vol. 40, No. RR-8)
S.C. Code Section 44-30-10, et. Seq. Infection Prevention & Control Manual

Appendices:

N/A



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Blood, Body Fluid, and Infectious Disease Exposure Management for Team Members: Human Resources - Prisma Health

Approved Date: 01/04/2023	Effective Date: 01/04/2023	Review Date: 01/04/2024
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Scope:

Prisma Health-Midlands		Prisma Health-Upstate	
X	Prisma Health Baptist Hospital	X	Prisma Health Greenville Memorial Hospital
X	Prisma Health Baptist Parkridge Hospital	X	Prisma Health Greer Memorial Hospital
X	Prisma Health Richland Hospital	X	Prisma Health Hillcrest Hospital
X	Prisma Health Tuomey Hospital	X	Prisma Health Laurens County Hospital
X	Prisma Health Children’s Hospital-Midlands	X	Prisma Health Oconee Memorial Hospital
X	Prisma Health Heart Hospital	X	Prisma Health North Greenville Hospital
X	PH USC Medical Group	X	Prisma Health Patewood Hospital
x	Provider based facilities associated with Prisma Health-Midlands hospitals	X	Prisma Health Surgery Center - Spartanburg
		X	Prisma Health Marshall I. Pickens Hospital
		X	Prisma Health Children's Hospital-Upstate
		X	Prisma Health Roger C. Peace Hospital
		X	Prisma Health Baptist Easley Hospital
		X	University Medical Group UMG/PIH
		X	Provider based facilities associated with Prisma Health-Upstate hospitals

Policy Statement:

Prisma Health Employee Health is responsible for medical evaluation and follow-up after a team member exposure. The team member is responsible for immediate reporting of the exposure incident so that appropriate steps can be taken.

During an epidemic/pandemic, additional exposure management policies may be implemented. Team members should refer to the epidemic/pandemic-specific guidance for details.

Associated Policies and Procedures:

[Standard Precautions and Personal Protective Equipment: Infection Prevention - Prisma Health](#)
[Transmission-Based Precautions or Isolation in the Healthcare Setting: Infection Prevention - Prisma Health](#)

[Tuberculosis Control Plan: Infection Prevention - Prisma Health](#)

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

[Blood and Body Fluid Exposure Control Plan: Infection Prevention - Prisma Health](#)
[Immunization of Team Members: Human Resources - Prisma Health](#)

Upstate:

[Contamination of the Eyes, Mucous Membranes, Skin and/or Personal Clothing: Infection Prevention - Upstate](#)
[Notification of Exposure of Emergency Response Employees \(ERE\): Infection Prevention - Upstate](#)
[Work Restrictions of Team Members with Potentially Infectious Conditions: Upstate](#)

Associated Lippincott Procedures:

[Biohazardous waste handling](#)
[Biohazardous waste disposal, ambulatory care](#)
[Blood or body fluid spills, infection prevention, Prisma Health](#)
[Blood spill management, home care](#)
[Breast milk administration body fluid exposure, milk from non-material source, infection prevention, Prisma Health](#)
[Expectorant shield use](#)
[Personal protective equipment \(PPE\), putting on](#)
[Personal protective equipment \(PPE\), putting on, ambulatory care](#)
[Personal protective equipment \(PPE\), putting on, home care](#)
[Personal protective equipment \(PPE\), removal](#)
[Personal protective equipment \(PPE\), removal, ambulatory care](#)
[Personal protective equipment \(PPE\), removal, home care](#)
[Respiratory hygiene and cough etiquette, ambulatory care](#)
[Standard precautions](#)
[Standard precautions, home care](#)
[Visit-generated waste disposal, home care](#)

Definitions:

1. Blood and Body Fluid Exposure: Team member experiences contact with blood, visibly bloody body fluids, or other body fluids capable of transmitting blood-borne pathogens (i.e., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, tissues, and laboratory specimens that contain concentrated virus) through a percutaneous injury, mucous membrane splash, non-intact skin, or bite that results from performance of the team member's duties
2. Infectious Disease Exposure: See policy below for organism-specific definitions
3. Reverse Exposure: Patient experiences contact with the blood or body fluids of a team member (e.g., patient bites the team member and breaks the skin causing bleeding)

Responsible Positions:

- All Team Members.

Equipment Needed:

N/A

Procedural Steps:

1. Exposure Determination
 - 1.1 Exposure determinations have been conducted to identify those job categories where all or some team members have the potential for occupational exposure to blood and other potentially infectious material. Exposure determination lists are determined by Employee Health and maintained on the Occupational Risk Assessment (ORA) and are conducted without regard to the use of personal protective equipment (PPE).
 - 1.1.1 Exposure Category 1 – This category involves procedures or other job-related tasks that have inherent potential of contact with blood, body fluids or tissues to an individual’s skin or mucous membranes. The procedures or tasks could also result in spills or splashes on an individual’s skin or mucous membranes. Personnel classified in this category include individuals who administer any type of direct patient care, handle blood, body fluid or tissues or handle items that may have come in contact with blood or body fluids.
 - 1.1.2 Exposure Category 2 – This category involves no exposure to blood, body fluids or tissues but employment may require performing unplanned Category I tasks.
 - 1.1.3 Exposure Category 3 – This category involves no exposure to blood, body fluids or tissues and employment does not require any procedures or tasks that risk possible exposure.
 - 1.2 New hires verify their exposure determination by signing an ORA upon hire or with change of position after they receive appropriate Infection Prevention education.
 - 1.3 It is the responsibility of the department director to communicate a change in exposure status to Employee Health and the Human Resources Department. It is the responsibility of Human Resources to notify Employee Health of new job classes. It will be the responsibility of Human Resources to notify Employee Health of the job categories assigned.
2. Blood and Body Fluid Post-Exposure Follow-Up
 - 2.1 Perform first aid (e.g., wash exposed area, flush eyes, etc.).
 - 2.2 Report the exposure to Employee Health during normal business hours and to the Nursing Administrator on Duty (AOD) after hours. Do not leave a voicemail when reporting exposures. It is the responsibility of the individual involved in the event to report the exposure.
 - 2.2.1 The team member involved will complete the electronic Supervisor’s Report of Employee Occurrence (eSREO) available on Prisma Health Connect.
 - 2.3 Employee Health or designee will determine if the event meets criteria of an exposure.
 - 2.4 For blood and body fluid exposures that are confirmed by Employee Health or designee:

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

- 2.4.1 Obtain a STAT BBFE (includes HIV AG/AB, Hepatitis B surface antigen, and Hepatitis C viral load) on the source patient. Collect the source patient's blood (2 yellow top tubes) and transport to the laboratory.
 - 2.4.2 For reverse exposures, follow instructions from Employee Health or designee on obtaining blood from the team member.
 - 2.4.3 The department leader is responsible for counseling the team member regarding injury prevention and completing the supervisor's section on the eSREO form.
 - 2.4.4 Employee Health or designee will notify team member of source patient results and provide follow-up recommendation as needed.
 - 2.5 The Employee Health Nurse or designee will make available a written opinion to the team member within fifteen (15) working days of the medical evaluation.
 - 2.6 An exposure incident is evaluated to determine if the case meets Occupational Safety & Health Administration (OSHA) record keeping requirements and is reported to OSHA if warranted. Employee Health maintains team member exposure records for the period of employment plus thirty (30) years after employment.
3. Infectious Disease Exposures Follow-Up
- 3.1 Notify Employee Health if exposed at work to any of the following infectious diseases, referencing the definitions of an exposure below as needed. Leave a message with Employee Health if after hours and Employee Health will provide guidance.
 - 3.1.1 Mycobacterium tuberculosis (MTB)
 - 3.1.1.1 Definition of exposure: airborne droplet nuclei respiratory contact (e.g., breathing the room air of a patient with pulmonary or laryngeal Mycobacterium tuberculosis) prior to application of recommended environmental controls and/or personal protective equipment (e.g., N-95 respirator or PAPR). See Prisma Health Tuberculosis Control Plan policy for details.
 - 3.1.2 Cytomegalovirus (CMV)
 - 3.1.2.1 Definition of exposure: close personal contact with a person excreting the virus in the saliva, urine, or other body fluids without the use of personal protective equipment (e.g., barrier gown, gloves)
 - 3.1.2.1.1 For contamination of unbroken skin: wash site with soap and water, rinse, and dry
 - 3.1.3 Creutzfeldt-Jakob Disease (CJD)
 - 3.1.3.1 Definition of exposure: needlestick injury with inoculation, splashing of the mucous membranes, or unintentional ingestion with highly infectious tissues (brain, dura mater, spinal cord, eyes)

3.1.3.1.1 For contamination of unbroken skin: wash area with soap and water (avoid scrubbing), rinse, and dry (brief exposure (1 minute) to 0.1N NaOH or a 1:10 dilution of bleach can be considered for maximum safety)

3.1.3.1.2 For needlestick: dry and cover area with a waterproof dressing; further treatment (e.g., sutures) as needed per extent of the injury

3.1.3.1.3 For splashes to the eye or mouth: irrigate with saline (eye) or water (mouth)

3.1.4 Varicella (chickenpox)

3.1.4.1 Definition of exposure: a person without immunity to Varicella experiences direct contact with or breathes the room air of a person with active Varicella (Chickenpox) or Herpes Zoster (Shingles) without the use of personal protective equipment (e.g., N-95 respirator or PAPR, barrier gown, gloves)

3.1.4.1.1 Post exposure prophylaxis is recommended for team members without immunity to Varicella.

3.1.5 Pertussis

3.1.5.1 Definition of exposure: close contact with large aerosol droplets from the respiratory tract of symptomatic persons with pertussis without the use of personal protective equipment (e.g., mask, face shield)

3.1.5.1.1 Post exposure prophylaxis is recommended for all exposed team members, including those who have received the Pertussis vaccine.

3.1.6 Neisseria meningitidis

3.1.6.1 Definition of exposure: intensive, direct contact with large aerosol droplets from the respiratory tract of persons with invasive meningococcal disease (meningitis, meningococcal, invasive respiratory disease without the use of personal protective equipment (e.g., mask, face shield)

3.1.6.1.1 Post exposure prophylaxis is recommended for all exposed Team Members, including those who have received the meningococcal vaccine.

3.1.7 Scabies

3.1.7.1 Definition of exposure: direct contact with a person infected with scabies without the use of personal protective equipment (e.g., barrier gown, gloves)

3.1.7.1.1 Treatment is recommended if the exposed Team Member shows signs of infestation (intense itching, fever, "burrow-

like” pruritic lesions, pruritic dermatoses). Team Members who do not show signs of infestation do not require prophylactic treatment.

3.1.8 Lice

3.1.8.1 Definition of exposure:

3.1.8.1.1 Head lice – direct contact with an infected person’s head or personal items (e.g., brush, comb, bedding) without the use of personal protective equipment (e.g., barrier gown, gloves)

3.1.8.1.2 Body lice – direct contact with clothing or bedding of an infected person without the use of personal protective equipment (e.g., barrier gown, gloves)

3.1.8.1.3 Pubic lice – close physical contact with the pubic area or clothing of an infected person without the use of personal protective equipment (e.g., barrier gown, gloves)

3.1.8.1.3.1 Treatment is recommended if the exposed Team Member shows signs of infestation (intense itching, fever, body lice found on clothing, nits attached to hair shaft). Team Members who do not show signs of infestation do not require prophylactic treatment.

4. Prisma Health is responsible for establishing and enforcing policies and procedures to protect healthcare providers and minimize or eliminate team member exposures. See the Prisma Health Blood and Body Fluid Exposure Control Plan for details.

References:

1. FEDERAL REGISTER Department of Labor Occupational Safety and Health Administration (OSHA) 29 CFR Part 1910 - Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries; Amendment April 3, 2012
2. Final Rule DEPARTMENT OF LABOR Occupational Safety and Health Administration 29 CFR Part 1910 Bloodborne Pathogens Standard; Corrections and Technical Amendment
3. Department of Labor, Occupational Safety and Health Administration. (2001, January 18). 29 CFR Part 1910.1020. *Occupational exposure to bloodborne pathogens; final rule*. Federal Register 1991; 56:65004-182, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, February 13, 1996; 66 FR 5325, January 18, 2001; FR 2012-7715, April 2, 2012. Washington, DC: U.S. Government Printing Office.

Appendices:

[Contact Information for Reporting Blood, Body Fluid, or Infectious Disease Exposures Appendix: Human Resources - Prisma Health](#)



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Work Restrictions of Team Members with Potentially Infectious Conditions: Upstate

Approved Date: 10/15/2020	Effective Date: 10/15/2020	Review Date: 10/15/2021
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Scope:

Prisma Health-Midlands	Prisma Health-Upstate
Prisma Health Baptist Hospital	X Prisma Health Greenville Memorial Hospital
Prisma Health Baptist Parkridge Hospital	X Prisma Health Greer Memorial Hospital
Prisma Health Richland Hospital	X Prisma Health Hillcrest Hospital
Prisma Health Tuomey Hospital	X Prisma Health Laurens County Hospital
Prisma Health Children’s Hospital-Midlands	X Prisma Health Oconee Memorial Hospital
Prisma Health Heart Hospital	X Prisma Health North Greenville Hospital
PH USC Medical Group	X Prisma Health Patewood Hospital
Provider based facilities associated with Prisma Health-Midlands hospitals	X Prisma Health Surgery Center - Spartanburg
	X Prisma Health Marshall I. Pickens Hospital
	X Prisma Health Children's Hospital-Upstate
	X Prisma Health Roger C. Peace Hospital
	X Prisma Health Baptist Easley Hospital
	X University Medical Group UMG/PIH
	X Provider based facilities associated with Prisma Health-Upstate hospitals

Policy Statement:

Prisma Health-Upstate practices work restrictions for team members with potentially infectious conditions. Team members with potentially infectious conditions shall not engage in work related activities that could result in transmission of infection to patients, visitors, or other team members.

During an epidemic/pandemic, work restrictions may change and are at the discretion of the Hospital Epidemiologist and/or Employee Health Medical Director. Follow the epidemic/pandemic-specific guidance.

Associated Policies and Procedures:

- [Blood, Body Fluid, and Infectious Disease Exposure Management for Team Members: Human Resources - Prisma Health](#)
- [Work Policy Relating to Blood-borne Infectious Diseases: Human Resources - Upstate](#)

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Work Restrictions of Team Members with Potentially Infectious Conditions: Upstate

Associated Lippincott Procedures:

N/A

Definitions:

N/A

Responsible Positions:

– All Team Members

Equipment Needed:

N/A

Procedural Steps:

1. It is the responsibility of all team members to be familiar with the types of infection that require notification and possible work restrictions.
2. It is the responsibility of the team member to report such infections to their department director or designee.
3. The director or designee shall notify Team Member Health of suspected infection or communicable disease. Under the direction of the Medical Director, Team Member Health staff will make a recommendation regarding referral treatment and work disposition.
4. If the team member's private physician provides treatment/temporary restrictions, he/she will be required to present supporting documentation to Team Member Health prior to returning to work.
5. In all cases, restrictions may occur for Team Members who are epidemiologically linked to cases, clusters, or healthcare associated infections.
6. Any non-intact skin on hands (e.g., cuts, hangnails, rashes, scrapes, etc.) or covered areas on hands (e.g., braces, wraps, casts, etc.) are high risk for transmission and need to be evaluated by Team Member Health before the team member begins work.
7. See below for table of work restrictions for team members exposed to or infected with infectious diseases.

Disease/Problem	Work Restriction	Duration
Conjunctivitis	Restrict from patient contact until 24 hours after initiation of treatment and until drainage is no longer present. Team members who do not work with patients and who do not share equipment (e.g. phones, computers, etc.) may work.	Until drainage no longer present.

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Work Restrictions of Team Members with Potentially Infectious Conditions: Upstate

Disease/Problem	Work Restriction	Duration
	These cases will be decided upon on an individual basis.	
Cytomegalovirus Infections	No restriction	
Diarrheal Diseases <ul style="list-style-type: none"> • Active acute viral illness, infectious stage • Convalescent stage • <i>Salmonella</i> spp 	Restrict from patient care and from non-clinical areas	Until 24 hours after symptoms resolve. <ul style="list-style-type: none"> • Fever 100.4 F or greater • >3 loose stools per day • Vomiting Salmonella until symptoms resolve. Consult with local and state health authorities regarding the need for negative stool cultures.
Diphtheria	Restrict from duty	Until antimicrobial therapy completed and 2 cultures obtained \geq 24 hours apart are negative.
Non-Intact Skin (Exposed) e.g hands, face, and neck Initial assessment must be done by Employee Health (Applies to exposure categories I & II)	Restrict from duty	Until skin completely healed. Contact Employee Health to confirm when to return to duty.
Draining Wound	Restrict from patient contact and from non-clinical areas	Until drainage ceases or is contained in a dressing. If wounds are on face or hands, it must be healed on face and hands.
Enteroviral Infections (e.g. hand, foot, and mouth disease)	Restrict from duty	Until symptoms resolve
Hepatitis A	Restrict from patient contact and food handling	Until 7 days after onset of jaundice
Hepatitis B* <ul style="list-style-type: none"> • Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures • Personnel with acute or chronic hepatitis B "e" antigenemia who 	No restriction.** Standard Precautions should always be observed. Do not perform exposure-prone invasive procedures until counsel from an expert reviews and recommends the	Until HBeAG is negative

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Work Restrictions of Team Members with Potentially Infectious Conditions: Upstate

Disease/Problem	Work Restriction	Duration
perform exposure-prone procedures	procedures the worker can perform, taking into account the specific procedure as well as the skill and technique of the worker.	
Hepatitis C	No CDC recommendation for work restriction.	
Herpes Simplex <ul style="list-style-type: none"> • Genital • Hands • Orofacial 	<p>No restriction</p> <p>Restrict from patient contact</p> <p>Restrict from care of high-risk patients (i.e., infants, newborns, and immunocompromised patients)</p>	<p>Until lesions heal</p> <p>Until lesions heal</p>
Human Immunodeficiency Virus*	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought. The panel should review and recommend the procedures the worker can perform, taking into account the specific procedures as well as the skill and technique of the worker. Standard Precautions should always be observed.	No recommendation
Impetigo	Restrict from patient contact if on hands or face. No restrictions if in other areas which can be covered.	Until crusts are gone
Measles <ul style="list-style-type: none"> • Active <p>Postexposure (Susceptible personnel)</p> <p>Postexposure (Evidence of Immunity)</p>	<p>Restrict from duty</p> <p>Restrict from duty</p> <p>No restriction</p>	<p>Until 4 days after the rash appears.</p> <p>From the 5th day after the exposure through the 21st day after the last exposure and/or 4 days after the rash appears.</p> <p>Implement daily monitoring for signs and symptoms of measles infection for 21 days after the last exposure; have awareness that previously</p>

Work Restrictions of Team Members with Potentially Infectious Conditions: Upstate

Disease/Problem	Work Restriction	Duration
		vaccinated individuals may have a modified disease presentation.
<p>Mumps</p> <ul style="list-style-type: none"> • Active • Postexposure (Susceptible personnel) 	<p>Restrict from duty</p> <p>Restrict from duty</p>	<p>Until 9 days after onset of parotitis.</p> <p>From the 12th day after the first exposure through the 26th day after the last exposure or until 9 days after onset of parotitis.</p>
<p>Pertussis</p> <ul style="list-style-type: none"> • Active • Postexposure <ul style="list-style-type: none"> ○ Asymptomatic personnel ○ Symptomatic personnel 	<p>Restrict from duty</p> <p>No restriction, prophylaxis recommended</p> <p>Restrict from duty</p>	<p>From the beginning of the catarrhal stage through the third week after onset of paroxysm or until 5 days after start of effective antimicrobial therapy.</p>
Ringworm	No restrictions if covered	
<p>Rubella</p> <ul style="list-style-type: none"> • Active <p>Postexposure (Susceptible personnel)</p>	<p>Restrict from duty</p> <p>Restrict from duty</p>	<p>Until 5 days after the rash appears.</p> <p>From the 7th day after the first exposure through the 21st day after the last exposure and/or 5 days after rash appears.</p>
Scabies or pediculosis infestation	Restrict from patient contact	Until 24 hours after effective treatment.
<p>Staphylococcus aureus</p> <ul style="list-style-type: none"> • Active, draining skin lesions <p>Carrier State</p>	<p>Restrict from contact with patients and patient materials or food handling.</p> <p>No restriction, unless personnel are shown epidemiologically to be disseminating the organism.</p>	<p>Until lesions have resolved</p>
Streptococcal infection, Group A	Restrict from patient care or food handling	Until 24 hours after adequate treatment started

Work Restrictions of Team Members with Potentially Infectious Conditions: Upstate

Disease/Problem	Work Restriction	Duration
Tuberculosis	Restrict from duty	Until proven non-infectious
<p>Varicella</p> <ul style="list-style-type: none"> • Active • Postexposure (Susceptible personnel) <p>Zoster (Shingles)</p> <ul style="list-style-type: none"> • Localized rash (Team Member with direct patient contact) • Localized (Team Members with no direct patient contact) • Generalized rash or localized in immunosuppressed person • Postexposure (Susceptible personnel) 	<p>Restrict from duty</p> <p>Restrict from duty</p> <p>If a Team member has an exudative rash and he/she works in a patient care area, he/she should not work until the lesions are crusted. This applies even if the rash is in an area covered by clothing. If the person works in Oncology or NICU*** he/she needs to stay out of work until the rash has completely resolved. Any request for an exception should go through the Medical Director of Team Member Health or Pediatric Epidemiologist.</p> <p>Exclude from duty until all lesions are dry and crusted.</p> <p>Restrict from patient contact</p> <p>Restrict from patient contact</p>	<p>Until all lesions dry and crusted</p> <p>From the 10th day after the first exposure through the 21st day (28th day if VZIG was given) after the exposure or, if varicella occurs, until all lesions dry and crust.</p> <p>See Work Restriction</p> <p>See Work Restriction</p> <p>Until all lesions dry and crusted.</p> <p>From the 10th day after the first exposure through the 21st day (28th day if VZIG was given) after the exposure or, if varicella occurs, until all lesions dry and crust.</p>
Viral respiratory infections, acute temperature \geq 100.4°F	Restrict from duty	<p>Until team member is afebrile for 24 hours without fever-reducing medications</p> <p>For Influenza, consult Team Member Health for specific restrictions.</p>

Work Restrictions of Team Members with Potentially Infectious Conditions: Upstate

*For more information see policy *Work Policy Relating to Blood-borne Infectious Diseases* (S 106-07).

**Unless epidemiologically linked to transmission of infection

***Those susceptible to varicella and who are at increased risk of complications of varicella (neonates and immunocompromised persons of any age). For more information on Shingles see the Infection Prevention website.

References:

1. Centers for Disease Control and Prevention (1998). Guideline for infection control in healthcare personnel. Atlanta: Centers for Disease Control and Prevention.
2. Bolyard, EA, Deitchman, S, Pearson, ML, Shapiro, CN, Tablan, OC, et al. (1998) Guideline for infection control in health care personnel. *American Journal of Infection Control* (23)3:289-354.

Appendices:

N/A