

RECOMMENDED WORK RESTRICTIONS FOR COMMUNICABLE DISEASES IN HEALTH CARE WORKERS

POST-EXPOSURE	WORK RESTRICTIONS	DURATION
NOTE: ALL EXPOSURES AT HOME AS WELL AS AT WORK SHOULD BE EVALUATED		
Ebola Virus (<i>and other hemorrhagic fever viruses</i>)	Determine whether physical exposure has actually occurred. Follow CDC guidelines. Monitor to assess the presence of fever or other symptomatology.	Through day 21 post-exposure.
Measles (Rubeola) (<i>susceptible employees</i>)	Exclude from work.	From day 5 through day 21 post-exposure and 4 days after onset of rash.
Meningococcus		
• asymptomatic employees	No restriction. Prophylaxis is recommended.	While asymptomatic.
• symptomatic employees (fever, intense headache, lethargy, stiff neck, and/or a rash that does not blanch under pressure)	Exclude from work. Close contacts and family members should be monitored.	
Mumps (<i>susceptible employees</i>)	Exclude from work.	From day 12 through day 26 post-exposure, or until 9 days after onset of parotitis.
Pertussis		
• asymptomatic employees	No restriction. Prophylaxis is recommended.	
• symptomatic employees	Exclude from work.	Until 5 days after initiation of antimicrobial therapy.
Rubella (<i>susceptible employees</i>)	Exclude from work.	From day 7 through day 21 post-exposure.
Varicella (Chicken Pox or Shingles)		
• Non-immune employees exposed to varicella zoster (chicken pox) or uncovered herpes zoster (shingles)	Exclude from work.	From day 8 through day 21 post-exposure.
• Vaccinated employees (those who have received 2 doses of vaccine)	Monitor daily during days 8-21 post-exposure. Exclude from work immediately if symptoms develop (fever, headache, skin lesions).	Until varicella is ruled out or lesions are dry and crusted.

ACTIVE DISEASE	WORK RESTRICTIONS	DURATION
Acute febrile respiratory illness / influenza-like illness (ILI) (temperature $\geq 38^{\circ}$ C or 100° F)	Exclude from work.	Until acute symptoms resolve and temperature $< 100^{\circ}$ for at least 24 hours without the use of antipyretic medications.
Conjunctivitis (Bacterial)	Exclude from work.	Until discharge (constant tearing) ceases and for 24 hours after effective treatment is initiated.
Conjunctivitis (Viral)	Exclude from work if experiencing tenderness in front of ears (preauricular lymphadenopathy) temperature $\geq 100^{\circ}$ F, work restrictions recommended by a physician, or eye drainage.	If adenovirus conjunctivitis is diagnosed, may RTW only when medically cleared by a physician (may remain infectious for ≥ 7 days).
Cytomegalovirus	No restrictions.	
Diarrheal diseases:		
• Acute stage (diarrhea with other symptoms)	Exclude from patient care and food handling.	Until symptoms resolve.
• <i>Clostridium difficile</i> (C-diff)	Exclude from work.	Until free from diarrheal stools for 72 hours and completion of antibiotic regimen.
• <i>E. coli</i>	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. Food handlers require 2 negative stool cultures.
• <i>Salmonella</i>	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. Food handlers require 2 negative stool cultures.
• <i>Shigella</i>	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. Food handlers and direct care providers are required to be asymptomatic and have 2 negative stool cultures 24 hours apart and ≥ 48 hours from last dose of antibiotics.
Diphtheria	Exclude from work.	Until symptoms resolve.
Enterovirus (Hand Foot & Mouth Disease)	Exclude from work.	Until symptoms resolve.
Hepatitis A	Exclude from patient care, contact with patient's environment, and food handling.	Until 7 days after onset of jaundice or 14 days after diagnosis if no jaundice.
Hepatitis B	May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Until Hepatitis B serology indicates immunity to infection.
Hepatitis C	May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Indefinitely (the majority of infected individuals become chronically infected).

Herpes Simplex		
• Genital	No restriction.	
• Hands (herpetic whitlow)	Exclude from patient contact and contact with patient environment.	Until lesions are healed/dry and crusted.
• Orofacial	Infection Control and Employee Health must evaluate each employee (according to location and severity of lesions) to assess the need to restrict from care of high-risk patients.	Until lesions are healed/dry and crusted.
HIV	May not perform exposure-prone invasive procedures until evaluated by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Indefinitely
Influenza	Exclude from work .	Until afebrile (<38° C / 100° F) for 24 hours without the use of antipyretic medications.
Measles (active or suspected)	Exclude from work.	Until 4 days after the onset of rash and temperature <100° F without the use of antipyretic medications.
Meningococcus	Exclude from work.	Until 24 hours after start of effective therapy.
Methicillin Resistant Staphylococcus Aureus (MRSA)	Exclude from work. Must be cleared for RTW by Employee Health.	Until documentation of: <ul style="list-style-type: none"> • negative nasal culture and • negative site culture Cultures should be obtained ≥24 hours after antibiotics are completed.
Mononucleosis (Epstein-Barr Virus)	May work. Avoid mouth-to-mouth resuscitation.	
Mumps	Exclude from work.	Until 9 days after onset of parotitis.
Norovirus	Exclude from work.	Until 48 hours after symptoms resolve.
Pediculosis (Lice)	Exclude from work.	Until 24 hours after treatment and observed to be free from adult and immature lice.
Pertussis	Exclude from work.	From beginning of catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy.
Rubella	Exclude from work.	Until 7 days after onset of rash and temperature <100° F without the use of antipyretic medications
SARS	Exclude from work.	Until 10 days after onset of fever and temperature <100° F without the use of antipyretic medications
Scabies	Exclude from work.	Until 24 hours after application of effective treatment.
Staphylococcus aureus (not MRSA)		
• Active draining skin lesions	May work if lesions can be adequately dressed and covered. If unable to completely dress and cover lesions, restrict from patient care, contact with patient's environment, and food handling.	Until lesions have resolved.

Staphylococcus aureus (not MRSA)		
• Carrier state	No restriction unless the employee is epidemiologically linked to transmission of the organism.	Until colonization is cleared (as documented by culture).
Streptococcus, group A	Restrict from patient care, contact with patient's environment, and food handling.	Until 24 hours after adequate treatment started and no draining lesions.
Tuberculosis		
• Positive TB skin test (TST) or IGRA (T-Spot or Quantiferon) test	All employees with a new positive TB test need to be evaluated by Employee Health to verify that they do not have active disease.	Once active disease is ruled out, employee may return to work with no restrictions
• Active	Exclude from work.	Until 3 negative AFB smears or cultures are obtained.
Vancomycin-resistant enterococcus (VRE)	Exclude from work.	Until cleared on a case-by-case basis by Infection Control and Employee Health.
Varicella (Chicken Pox)	Exclude from work.	Until lesions are dry and crusted.
Zoster (Shingles)	Exclude from work if lesions cannot be covered with clothing. Infection Control and Employee Health will evaluate the potential for communicability.	Until lesions are dry and crusted.