

POLICY

Staff Illness Reporting, Surveillance & Transmission Control

This Policy is Applicable to the following Corewell Health sites:

Beaumont Pharmacy Solutions, Beaumont Post Acute Care, Continuing Care (CHW), Corewell Health Beaumont Grosse Pointe Hospital, Corewell Health Beaumont Troy Hospital, Corewell Health Big Rapids Hospital, Corewell Health Dearborn Hospital, Corewell Health Farmington Hills Hospital, Corewell Health Gerber Hospital, Corewell Health Grand Rapids Hospitals (Blodgett Hospital, Butterworth Hospital, Helen DeVos Children's Hospital), Corewell Health Greenville Hospital, Corewell Health Ludington Hospital, Corewell Health Medical Group East, Corewell Health Medical Group West, Corewell Health Pennock Hospital, Corewell Health Reed City Hospital, Corewell Health South (Niles, St. Joseph, and Watervliet Hospitals; Corewell Health Medical Group South; Applicable Corewell Health South Regional Sites), Corewell Health Taylor Hospital, Corewell Health Trenton Hospital, Corewell Health Wayne Hospital, Corewell Health William Beaumont University Hospital (Royal Oak), Corewell Health Zeeland Hospital, Outpatient/Physician Practices (CHW)

Applicability Limited to:	N/A
Reference #:	5795
Version#:	6
Effective Date:	04/21/2024
Functional Area:	Human Resources
Department Area:	Employee Health Services (EHS)

1. Purpose

Health surveillance, early detection, exposure prevention, and reporting of infectious disease involving team members are crucial in the control of healthcare associated illness. These requirements are particularly important to prevent exposures and transmission of contagious diseases to patients and team members.

2. Definitions

- 2.1. BLOODBORNE PATHOGENS (BBP):** Pathogenic microorganisms that are transmitted via human blood and/or body fluids and cause disease in humans. They include, but are not limited to, HIV, Hepatitis B, or Hepatitis C.
- 2.2. EMPLOYED TEAM MEMBER:** an individual on Corewell Health's payroll who may also receive benefits, if eligible, directly from Corewell Health (CH); May also be referred to as employee.
- 2.3. NON-EMPLOYED TEAM MEMBER:** an individual who is not employed by a Corewell Health entity but who works or provides services on behalf of Corewell Health or on behalf of another organization; May also be referred to as non-employee.
- 2.4. TEAM MEMBER:** Refers to all those working on behalf of Corewell Health including employees and non-employees who may otherwise be referred to as employed team members or non-employed team members.

- 2.5. PERSONAL PROTECTIVE EQUIPMENT (PPE): Equipment worn to minimize exposure to a variety of hazards. PPE includes, but is not limited to, gloves, eye protection, face shields, foot protection, respirators, respiratory masks, gown, and/or full body suits.
- 2.6. RNC: Rehab and Nursing Center; Skilled nursing facilities that provide subacute rehabilitation and/or long-term care services within Corewell Health. May also be referred to as a SNF, ECF, or ALF.

3. Responsibilities

It is the responsibility of all team members working in a patient environment to familiarize themselves with this policy and seek appropriate medical advice for diagnosis of suspected infections or exposures.

- 3.1. All team members have a responsibility to follow medical advice and treatment of any infection, to practice a high standard of personal hygiene, use recommended engineering controls, and follow infection prevention and control principles.
- 3.2. Team members have a duty of care to advise their manager of any infectious disease diagnosed which may impact patient safety.
- 3.3. Team member laboratory results will always be treated in the strictest confidence and in accordance with the organization's privacy policy.
- 3.4. Team members are required to notify their supervisor when reporting an unplanned absence due to an illness.

4. Compliance

- 4.1. Team Members should take time to read and become familiar with the details of any policies that apply to them and to follow any expectations outlined. Seek clarification from your leader or from HR if you need it. When policies aren't followed, there may be coaching or performance correction that results.
- 4.2. When a team member is covered by a collective bargaining agreement (CBA) and the terms of the CBA are different, the team member should follow the CBA instead of the policy.

5. General Illness Guidance

For the safety of our patients and team members, Corewell Health Infection Prevention, Quality & Safety, and Hospital Leaders have joined together to promote the importance of staying home when sick.

5.1. General guidelines for when team members with a communicable disease should stay home:

- 5.1.1. All team members with a temperature of 100.4 F or higher should stay off work until fever-free for 24 hours without fever-reducing medication AND wear a mask when working on-site until symptoms resolve.
 - 5.1.2. **Disease specific guidance can be found in Appendix A.** Appendix A is not all-inclusive and does not replace the need for medical evaluation and treatment by a licensed healthcare provider.
 - 5.1.3. Contact your EHS Representative for evaluation of non-emergent work-related exposures, additional questions, and/or unique circumstances.
 - 5.1.3.1. Corewell Health West: call (616) 391-2513
 - 5.1.3.2. Corewell Health South: call (269) 983-8168
 - 5.1.3.3. Corewell Health East: call (947) 522-3717
 - 5.1.4. Non-work-related illness diagnosis and treatments are managed by the team member's personal healthcare team.
- 5.2. Leaders may utilize the chain of command if a sick team member presents to work with fever, vomiting, and/or diarrhea and refuses to go home.
- 5.2.1. After an assessment of infectious symptoms and work environment, the determination whether the ill team member should work in the patient care setting will be made by the

- department manager or hospital supervisor after confidential consultation with EHS to maintain patient and team member safety.
- 5.2.2.** Infection Prevention has the following documents if any action is required for infection surveillance, exposure prevention, and transmission control.
- 5.2.2.1.** Corewell Health West/South: [Infection Control and Prevention Authority Statement](#)
- 5.2.2.2.** Corewell Health East: [Authority Statement, Infection Prevention and Epidemiology](#)
- 5.3.** Any partial or full shift absence(s) from scheduled work under this policy are governed under Corewell Health's Human Resources (HR) [Attendance and Reliability](#) policy. Employed team members returning to work after being absent due to team member illness or injury for >40 hours must submit provider documentation to the Leave Administration team before returning to work.
- 6. Evaluation of non-emergent work-related illness or exposure:** Please refer to the [Management of Occupational Exposures to Blood or Body Fluids](#) policy.
- 7. Emergent situations:** call 911 or report to the closest emergency department (ED) when the evaluation/treatment is considered emergent (serious or life-threatening). **A team member who is exposed by an HIV positive source patient is considered emergent and must be evaluated immediately by a Corewell Health ED.**
- 8. Illness Surveillance/Clusters:** Health surveillance, transmission precautions, education, training, and exposure management is completed through partnership with the team member, their department manager, Employee Health, HR, hospital supervisor, Infection Prevention (IP) and Safety.
- 8.1.** The team member should report their illness to their leadership and follow department guidelines. Managers are key to alerting Infection Prevention and Employee Health to clusters of illness on their units. Managers who are aware of illness trends or unusual clusters of 3 or more of the same or similar symptoms that are reported within a short period should report via phone to their Employee Health Services (see 5.1.3 above for contact information).
- 8.2.** If a team member has an illness, or there is a concern for illness, the manager or charge nurse may consult with Employee Health Services.
- 9. Possible Infectious Disease Exposure or Transmission from Team Member to Patient:** The department manager or designee will notify IP and Risk Management of possible exposure to patient(s) and complete a report on the online [Event Reporting System](#).
- 9.1.** IP or designee will investigate the details and determine the risk of transmission of a healthcare associated infection (HAI). For clusters or outbreaks of a certain contagious illness, IP will evaluate the need for special cleaning and other transmission precautions.
- 9.2.** When disease transmission is a true concern, discretion will be used to keep the source person's name confidential when speaking with department staff, providers, and potentially exposed individuals. IP or designee will notify appropriate provider(s) about their patient(s) who may have been exposed for evaluation and treatment.
- 9.3.** A root cause analysis (RCA) investigation may be initiated to identify how transmission occurred and if standard practices were breached to educate team members and prevent further outbreaks.
- 10. Education and Documentation**
- 10.1.** According to the Center for Disease Control & Prevention, evidence demonstrates the importance of adequate staffing levels, education & training, a culture of safety, and adherence to recommended infection prevention practices to reduce disease transmission.
- 10.2.** Contact your Infection Preventionist (IP) for advice regarding transmission prevention or to report possible exposure to patients from a team member newly diagnosed with a communicable disease. All efforts will be made to keep the team member's identity confidential during patient and department communications.

11. Revisions

Corewell Health reserves the right to alter, amend, modify or eliminate this document at any time without prior written notice.

12. Policy Development and Approval

Document Owner:

Mark Pakkala (Dir Sr, Human Resources)

Writer(s):

Bradley Grincewicz (Physician Assistant), Erin Walma (Nurse Practitioner)

Reviewer(s):

Betty Thompson (Employee Health Nurse), Darryl Elmouchi (Chief Operating Officer), Doreen Marcinek (Mgr, Infection Prevention), Elizabeth Foley (Spec, Clinical Infection Prevention), Elizabeth Wallace (Dir, Infection Prevention), Eric Bacigal (VP, Well-Being), James Moses (Chief Clinical Officer), Jennifer Jackson (Dir Sr, Benefits Strategy & Admin), Jessica Pratt (Mgr, Team Member Safety), Jodi Meinke (Dir, Employee Health Services), Joel McDermott (VP, Talent & Culture), Katelyn Johnson (Mgr, Employee Health), Lajan Harrington (SVP, Talent Attraction), Lynn Ring (Dir Sr, Clinical Excellence), Mallory Davis (Spec, Clinical Infection Prevention), Nicole Mcconnell (SVP, People Strategies & Ops), Rachel Payne (VP, HR BP/Talent & Culture), Russell Lampen (Medical Director, IP), Sarah Doele (Compliance Partner)

Approver:

Tracie Morris (Chief People Officer)

13. Keywords:

abscess, conjunctivitis, covid, cmv, diphtheria, gastroenteritis, hand foot and mouth, hepatitis, herpes, hiv, influenza, measles, meningitis, mpox, monkey, mumps, fifth's, parvovirus, lice, pertussis, pneumonia, rash, respiratory, rubella, scabies, shingles, staphylococcal, tb, tuberculosis, zoster, varicella, illness, sick call, sore throat, diarrhea, pink eye, MRSA, exposure, rash, whooping cough, infection, flu, open sore, wound, sick, vomiting.

Appendix A

Guidance for Team Member Infections or Occupational Exposures

This grid contains some of the most common infectious agents but is not a complete list of all transmissible diseases. For additional questions, consult Employee Health or 24-hour Nursing/Hospital Supervisor (HS).

Always use standard precautions and diligent hand hygiene. Follow department specific guidelines if stricter than this system policy. Consult Infection Prevention if a patient may have been exposed to an infectious condition or agent. If you believe you were exposed at work, complete a [SafetyPause](#) and notify your Supervisor/Employee Health Services (EHS) for recording the incident and case management.

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Abscess/Draining Lesion/Non-intact Skin (including Impetigo)		<ul style="list-style-type: none"> Exclude ill team members from on-site work until 24 hours after the start of effective therapy with clinical improvement and medical clearance by a licensed healthcare physician. Keep lesions covered at work and restrict from invasive procedures for duration of illness until completion of approved treatment and symptoms resolve. May not work on-site with open or draining sores on upper extremities or exposed skin until healed. If skin is open, cracked, or draining, restrict from biohazardous or invasive procedures 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider and may require periodic monitoring. Notify EHS for questions about work clearance before caring for patients, working in sterile environments, or food handling when draining lesions cannot be adequately covered or hand hygiene cannot be performed. Corewell Health West: call (616) 391-2513 Corewell Health South: call (269) 983-8168 Corewell Health East: call (947) 522-3717
Arthropod Borne Viral Fevers		<ul style="list-style-type: none"> Exclude ill team members from on-site work until completion of effective treatment and after medical clearance by a licensed healthcare provider. 	
Conjunctivitis (allergic) *May include itching, tearing, sneezing, rhinitis related to "hay fever" seasonal allergies		No restrictions	
Conjunctivitis (bacterial) *May include 2 or more symptoms in one or both eyes: redness of sclera, itching, irritation, or gritty feeling, tearing discharge of yellow-green pus causing crusting on eyelashes at night		<ul style="list-style-type: none"> Exclude ill team members from on-site work until completion of at least 24 hours of antimicrobial therapy and symptoms improve. Avoid touching eye(s) and do not share items which come into contact with the face. 	<ul style="list-style-type: none"> Follow up with PCP, a virtual visit, Urgent Care, or EHS as needed.

Entities will reference associated Documentation contained within this document as applicable
 Printouts of this document may be out of date and should be considered uncontrolled.

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Conjunctivitis (viral) *May include sclera redness, itching, tearing, often associated with rhinitis. Does not usually include purulent discharge		<ul style="list-style-type: none"> Avoid contact with patients while having symptoms. 	<ul style="list-style-type: none"> Follow up with PCP, a virtual visit, Urgent Care, or EHS as needed.
COVID-19	*For any team member with unmasked contact within 6 feet to a confirmed case of COVID-19 for at least 15 minutes in a 24-hour period <ul style="list-style-type: none"> Mask and monitor for symptoms for 10 days following exposure. If symptoms develop, test for COVID-19. RNC team members are required to obtain COVID-19 testing after an exposure 	<ul style="list-style-type: none"> With confirmed testing, exclude ill team members from on-site work for a minimum of 5 days after a positive test (or symptom onset) <ul style="list-style-type: none"> Day 0 = if asymptomatic, day of positive test; if symptomatic, day symptoms started Asymptomatic team members may return to work on day 6 but are expected to mask for an additional 5 days (days 6-10) Symptomatic team members may return to work on day 6 if: <ul style="list-style-type: none"> Symptoms are mild, improving, and do not include shortness of breath, difficulty breathing, or uncontrolled coughing AND Fever free for 24 hours without the use of fever reducing medication AND Not advised by a healthcare provider to isolate longer Symptomatic team members are expected to mask for an additional 5 days (days 6-10) 	<ul style="list-style-type: none"> Team members should notify their direct upline to report positive test results and discuss return to work information. Follow up with PCP, a virtual visit, Urgent Care, or EHS as needed. If there are three or more team members within the same department/unit who test positive within 7 days, the leader must complete a safety pause. COVID-19 vaccine is available from EHS free of cost for Corewell Health team members. RNC team members are required to test for COVID if experiencing respiratory symptoms. Team members working in the RNC should contact their leader or infection prevention for guidance on when to return to work.
Cytomegalovirus (CMV)		No restrictions	<ul style="list-style-type: none"> Follow up with PCP, a virtual visit, Urgent Care, or EHS as needed.
Diarrhea	See "Gastroenteritis."		
Diphtheria (cutaneous)		<ul style="list-style-type: none"> Exclude ill team members from on-site work until two consecutive negative cultures of the skin lesions 24 hours apart, with the first specimen collected 24 hours after therapy is completed 	<ul style="list-style-type: none"> Consider vaccination history and provide Tdap if no dose administered within the recommended timeframe. Tdap vaccine is available from EHS free of cost for Corewell Health team members. <p>For more information: Diphtheria Surveillance CDC Diphtheria Vaccination CDC</p>

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Diphtheria (respiratory)		<ul style="list-style-type: none"> Exclude ill team members from on-site work until therapy is completed and culture-negative on two consecutive cultures from the nose and throat taken 24 hours apart, with the first specimen collected 24 hours after therapy is completed and team member is cleared by licensed healthcare provider 	<ul style="list-style-type: none"> Consider vaccination history and provide Tdap if no dose administered within the recommended timeframe. Tdap vaccine is available from EHS free of cost for Corewell Health team members. <p>For more information: Diphtheria Surveillance CDC Diphtheria Vaccination CDC</p>
Gastroenteritis (may include infectious diarrhea, abdominal cramps, nausea & vomiting, and at times fever – commonly called stomach flu) e.g. Adenovirus, Amebiasis, Campylobacter, <i>Clostridioides</i> , <i>Clostridioides difficile</i> , E. coli, Cryptosporidium Giardia, Listeriosis, Rotavirus, Salmonella, or Shigella)		<ul style="list-style-type: none"> Exclude ill team members from on-site work until 24 hours after last symptomatic episode. <i>Food handles should not handle food for <u>more than 48 hours</u> after symptoms resolved per Michigan Food Code.</i> 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider but may require additional consideration about job duties, negative stool cultures before returning to work, and government regulations. May require periodic monitoring.
Norovirus		<ul style="list-style-type: none"> Exclude ill team members from on-site work until 48 hours after last symptomatic episode. 	
Hand, Foot, & Mouth (Coxsackievirus A16)		<ul style="list-style-type: none"> Exclude ill team members from on-site work during acute illness until symptoms are resolving 	<ul style="list-style-type: none"> Most contagious during the first week of illness <p>For more information: Causes & Transmission of Hand, Foot, and Mouth Disease CDC</p>

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Hepatitis A Virus (HAV) Hepatitis A surface antigen positive team member	*For un-vaccinated and/or non-immune team members <ul style="list-style-type: none"> Team members should consult EHS for evaluation and treatment with hepatitis A vaccine as soon as feasible after exposure (possible by fecal-oral transmission). 	<ul style="list-style-type: none"> Exclude ill team members from on-site work until liver enzymes begin to decline and the team member is cleared by a licensed healthcare provider. Nutrition Services staff should follow Michigan Food Code work restrictions. 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider but may require additional consideration about job duties and government regulations. Notify EHS for questions on work clearance before caring for patients, working in sterile environments, or food handling. Corewell Health West: call (616) 391-2513 Corewell Health South: call (269) 983-8168 Corewell Health East: call (947) 522-3717 Consider Immune Globulin for team members >40 years given at the same time as the HAV vaccine.
Hepatitis B Virus (HBV) HB surface antigen positive or HB “e” antigen positive team members	*For un-vaccinated and/or non-immune team members <ul style="list-style-type: none"> Team members should consult EHS for evaluation of HB Immune Globulin (HBIG) and vaccine. On weekends and holidays, team members may report to the ED for evaluation. 	<p><u>Team members who perform invasive (exposure prone) procedures (i.e. surgery):</u></p> <ul style="list-style-type: none"> May not perform exposure-prone invasive procedures until determination is made on an individual basis by an Infectious Disease Specialist, considering specific procedure as well as skill and technique of worker. <p><u>Team members who do NOT perform invasive procedures:</u></p> <ul style="list-style-type: none"> No restrictions 	<ul style="list-style-type: none"> Refer newly diagnosed personnel for counseling and appropriate medical management until HB “e” antigen is negative and HB antibody positive. Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider but may require additional consideration about job duties and government regulations. Notify EHS for questions about work clearance before caring for patients, working in sterile environments, or food handling. Corewell Health West: call (616) 391-2513 Corewell Health South: call (269) 983-8168 Corewell Health East: call (947) 522-3717

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Hepatitis C Virus	No vaccine or prophylaxis is available. Contact EHS for evaluation, counseling, and baseline and follow-up testing within 72 hours following exposure to source patient with confirmed HCV.	<p><u>Team members who perform invasive (exposure prone) procedures:</u></p> <ul style="list-style-type: none"> May not perform exposure-prone invasive procedures until determination is made on an individual basis by an Infectious Disease Specialist, considering specific procedure as well as skill and technique of worker. <p><u>Team members who do NOT perform invasive procedures:</u></p> <ul style="list-style-type: none"> No restrictions 	<ul style="list-style-type: none"> Refer newly diagnosed personnel for counseling and appropriate medical management. Decisions on treatment and work clearance are made on a case-by-case basis by a licensed healthcare provider but may require additional consideration about job duties and government regulations.
Herpes Simplex (Genital or Orofacial)		No restrictions	
Herpes Simplex (Hand)		<ul style="list-style-type: none"> Keep lesions covered when at on-site work until lesions are healed. Reassignments may be necessary in certain departments (i.e., Sterile environments, Neonatal ICU, BMT). 	<ul style="list-style-type: none"> Notify EHS for questions about work clearance before caring for patients, working in sterile environments, or food handling. Corewell Health West: call (616) 391-2513 Corewell Health South: call (269) 983-8168 Corewell Health East: call (947) 522-3717
Human Immunodeficiency Virus (HIV/AIDS)	<p>Exposure is contact with potentially infectious blood tissue, or body fluids through nonintact skin or a percutaneous injury. Body fluids that are not considered infectious unless they contain blood include feces, nasal secretions, saliva, gastric secretions, sputum, sweat, tears, urine, and/or vomitus.</p> <ul style="list-style-type: none"> Immediately flush exposure site and notify the hospital supervisor. Confirmed exposures report directly to the ED to consider prophylaxis following an HIV exposure (Refer PEP for HIV Exposure policy.) 	<ul style="list-style-type: none"> May not perform exposure-prone invasive procedures until determination made by an Infectious Disease Specialist, considering the procedure as well as skill and technique of team member; refer to state regulations. Team members who perform invasive (exposure prone) procedures may need to take special precautions. <p><i>No work restrictions following HIV exposure are needed.</i></p>	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider but may require additional consideration about job duties and government regulations. Encourage strict adherence for medical follow up and treatment plan for team members that perform exposure- prone invasive procedures.

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Influenza Virus (Seasonal or Atypical)		<ul style="list-style-type: none"> With confirmed testing, exclude ill team members from on-site work until at least 24 hours fever-free without using fever-reducing medication OR until the resolution of symptoms. Consider reassignment or exclusion from work for 7 days if returning to care for immunocompromised patients. CDC 	<ul style="list-style-type: none"> Antiviral medication may be helpful if started early. Follow up with PCP, a virtual visit, Urgent Care, or EHS as needed.
Measles (Rubeola) Virus *Corewell Health team members are screened at time of hire and/or transfer	*For unvaccinated and/or non-immune team members: <ul style="list-style-type: none"> Susceptible team members to consult EHS for administration of MMR vaccination within 72 hours and consult the CDC recommendations for prophylaxis within 6 days when available. Refer to OB provider if pregnant and non-immune. 	<ul style="list-style-type: none"> Exclude ill team members from on-site work until 4 days after the rash appears and lesions are dried and crusted. Exclude exposed team members from on-site work if non-immune and unvaccinated for days 6-21 post-exposure. No action is needed for exposed team members who are immune or appropriately vaccinated. 	<ul style="list-style-type: none"> Susceptible team members should not enter the room if immune team members are available. Manager to provide list of names to EHS of team members that may have been exposed. <p>For more information: Vaccine for Measles (MMR Shot) CDC Interim Measles Infection Prevention Recommendations in Healthcare Settings CDC</p>

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Meningitis/Invasive Meningococcal Disease (bacterial)	<p>Exposure to <i>Neisseria meningitidis</i> is direct exposure to a patient's oral or respiratory secretions, or lab specimen without appropriate PPE and before the ill person has received effective antibiotic treatment.</p> <ul style="list-style-type: none"> Immediately notify the hospital supervisor Chemoprophylaxis is recommended as soon as possible (within 24 hours) Refer to OB provider if pregnant. <p>For other types of bacterial meningitis generally, no prophylaxis recommended</p>	<ul style="list-style-type: none"> Exclude ill team members from on-site work during acute illness until completion of effective antimicrobial therapy, symptoms improve, and medical clearance is provided by a licensed healthcare provider. 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider. Consult EHS for evaluation and treatment as early as possible (ideally <24 hours after identification of the index patient). Chemoprophylaxis administered >14 days after exposure to the index case is probably of limited or no value and is therefore not recommended by the CDC. Meningococcal vaccinations are offered by EHS for team members in Microbiology as recommended by CDC. Vaccination may reduce risk but does not eliminate the need for prophylaxis following a high-risk exposure. Manager to provide list of names to EHS of team members that may have been exposed. <p>For more information: Treatment and prevention of meningococcal infection – UpToDate</p> <p>Patient education: Bacterial meningitis (The Basics) – UpToDate</p> <p>Chapter 8: Meningococcal Disease (cdc.gov)</p>
Meningitis/Invasive Meningococcal Disease (viral)	<ul style="list-style-type: none"> No prophylaxis is recommended for aseptic/viral/other noncommunicable exposure. No restrictions 	<ul style="list-style-type: none"> Exclude from on-site work until symptoms improve and medical clearance is provided by a licensed healthcare provider. 	<ul style="list-style-type: none"> Viral meningitis is not treated with antibiotics. <p>For more information: Patient education: Viral meningitis (The Basics) – UpToDate</p>

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Mpox	<ul style="list-style-type: none"> Refer to OB provider if pregnant. Manager to provide list of names to EHS of team members that may have been exposed. EHS will provide guidance on post-exposure vaccination (within 14 days) resources, if applicable. 	<ul style="list-style-type: none"> Exclude ill team members from on-site work until rash has healed, all scabs have fallen off, and a fresh layer of skin has formed. 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider.
Mumps virus	<p>*For unvaccinated and/or non-immune team members</p> <ul style="list-style-type: none"> Exclude exposed team member from on-site work for days 12-25 post-exposure. Team member to consult EHS for administration of MMR vaccination within 72 hours exposure. Refer to OB provider if pregnant and non-immune. <p>No action for immune or appropriately vaccinated team members</p>	<ul style="list-style-type: none"> Exclude ill team members from on-site work until 5 days after onset of parotitis (swelling in one or both parotid glands) 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider and consultation with EHS. Susceptible team members should not enter the room if immune team members are available. Immune Globulin has not been shown to prevent mumps after exposure and it's not recommended for that purpose. Manager to provide list of names to EHS of team members that may have been exposed. <p>For more information: Mumps Home CDC Mumps Outbreak Questions and Answers for Patients CDC</p>
Parvovirus B19 (Fifth's disease)	<ul style="list-style-type: none"> Refer to OB provider if pregnant and non-immune while caring for a known active parvovirus patient. 	<ul style="list-style-type: none"> Exclude ill team members from on-site work during acute illness until symptoms are resolving. 	<p>For more information: Clinical manifestations and diagnosis of parvovirus B19 infection – UpToDate Pregnancy and Fifth Disease CDC</p>
Pediculosis (lice)	<p>Exposure is intimate head-to-head contact:</p> <ul style="list-style-type: none"> Prophylaxis is not recommended. No work restrictions after exposure if uninfected Treatment is needed for infestation (when nits or louse are visualized) 	<ul style="list-style-type: none"> Exclude ill team members from on-site work until complete of 24 hours of effective treatment and observed free of lice and nits. 	<ul style="list-style-type: none"> EHS can check team members for presence of lice/nits. Resistant strains of lice may require additional or alternative treatments. <p>For more information: CDC - Lice - Head Lice - Resources for Health Professionals</p>

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Pertussis (Bordetella Pertussis)	<p>Exposure is face-to-face contact or direct exposure to a patient's oral or respiratory secretions:</p> <ul style="list-style-type: none"> Consult EHS for prophylaxis within 7 days of exposure. No work restrictions for asymptomatic exposed team members. IP to notify EHS with confirmation of patient lab test results. Corewell Health West: call (616) 391-2513 Corewell Health South: call (269) 983-8168 Corewell Health East: call (947) 522-3717 	<ul style="list-style-type: none"> Exclude ill team members from on-site work from the beginning of catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy and symptoms improve. 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider. Tdap vaccine is available at EHS from of cost for Corewell Health team members. Manager to provider list of names to EHS of team members that may have been exposed.
Pneumonia (bacterial)		<ul style="list-style-type: none"> Exclude ill team members from on-site work until completion of at least 24 hours of effective antimicrobial therapy with clinical improvement, at least 24 hours fever free without using fever-reducing medication, and medication clearance by a licensed healthcare physician. 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider. <p>For more information: Treatment of community-acquired pneumonia in adults in the outpatient setting - UpToDate</p>
Pneumonia (viral)		<ul style="list-style-type: none"> Exclude ill team members from on-site work until symptoms are improving and at least 24 hours fever free without using fever-reducing medication. 	<ul style="list-style-type: none"> Follow up with PCP, a virtual visit, Urgent Care, or EHS as needed.
<p>Rash (dermatitis, generalized, or unknown etiology)</p> <p>Also see "Shingles"</p>		<ul style="list-style-type: none"> Exclude ill team members from on-site work until determined not contagious. Keep lesions covered at work. If skin is blistered, peeling, open, cracked, or draining, or unable to be covered, restrict from patient contact. May not work in a sterile environment with open or draining sores on upper extremities or exposed skin until healed. If skin is open, cracked, or draining, restrict from biohazardous or invasive procedures. 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider. Follow up with PCP, a virtual visit, Urgent Care, or EHS as needed. May require periodic monitoring.
<p>Respiratory infections (bacterial)</p> <p>May include bronchitis, cough, fever, nasal drainage, sore throat.</p> <p>Also see "Pneumonia" and "Streptococcal infections"</p>	<ul style="list-style-type: none"> No restrictions for asymptomatic exposed team members. 	<ul style="list-style-type: none"> Exclude ill team members from on-site work until at least 24 hours after start of effective antimicrobial therapy with clinical improvement. 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider.

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Respiratory infections (viral) (e.g. Haemophilus influenza, Non-polio enterovirus, Rhinoviruses, Respiratory Syncytial Virus)	<ul style="list-style-type: none"> No restrictions for asymptomatic exposed team members. 	<ul style="list-style-type: none"> Exclude ill team members from on-site work until symptoms are improving and at least 24 hours fever free without using fever-reducing medication. 	<ul style="list-style-type: none"> Follow up with PCP, a virtual visit, Urgent Care, or EHS as needed.
Rubella	<p>*For unvaccinated and/or non-immune team members:</p> <ul style="list-style-type: none"> Exclude exposed team members from on-site work for days 12-23 post-exposure. Consult EHS for administration of MMR vaccination within 72 hours. Refer to OB provider if pregnant and non-immune. 	<ul style="list-style-type: none"> Exclude ill team members from on-site work until 1 week after the onset of rash. 	<ul style="list-style-type: none"> Decisions on treatment and work clearance are made on a case-by-case basis by a licensed healthcare provider with consultation of EHS. Manager to provide list of names to EHS of team members that may have been exposed. <p>For more information: Rubella Information for Healthcare Professionals CDC About Rubella (German Measles) Vaccination CDC</p>
Scabies	<p>Exposure is direct skin-to-skin contact (5 minutes) with contagious patient or prolonged handling of clothing or other items (bed linens, pillows, upholstered furniture, hats).</p> <p>Crusted Scabies exposure is <u>any</u> direct skin contact with contagious patient or handling of clothing or other items.</p> <ul style="list-style-type: none"> Consult EHS for evaluation as prophylaxis is recommended for considerable skin to skin contact, especially with prior history of scabies. Incubation period in team member without prior history of scabies is 4-8 weeks. Incubation period in team member with prior exposure may be 1-4 days. 	<ul style="list-style-type: none"> Exclude ill team members from on-site work until 24 hours after effective treatment and medical clearance by a licensed healthcare physician. No restrictions for asymptomatic exposed team members 	<ul style="list-style-type: none"> Follow up with PCP, a virtual visit, Urgent Care, or EHS as needed. May require periodic monitoring, effective concurrent disinfection of clothing and bedding. Multiple applications may be necessary. Manager to provide a list of names of team members who may have been exposed to EHS. <p>For more information: CDC - Scabies</p>

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Shingles (Herpes Zoster caused by the chickenpox virus)	<p>*For unvaccinated and/or non-immune team members</p> <p>Exposure is direct contact with draining lesions.</p> <ul style="list-style-type: none"> Susceptible team members should consult EHS for evaluation of need for varicella vaccination. Refer to OB provider if pregnant and non-immune. <p>No action for immune or appropriately vaccinated team members.</p>	<ul style="list-style-type: none"> Exclude ill team members from on-site work until all lesions are dry and crusted. If lesions can be covered, team members may return to work but are restricted from direct care of patients and infants who are immune-suppressed or non-immune to chickenpox until all lesions are dry and crusted. May not work in a sterile environment with open or draining sores on upper extremities or exposed skin until healed. 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider. Susceptible team members should not enter the room if immune team members are available. Manager to provide list of names to EHS of team members that may have been exposed.
Staphylococcal Infection, Group A (GAS)		<ul style="list-style-type: none"> Exclude ill team members from on-site work until at least 24 hours after start of effective antimicrobial therapy. 	<ul style="list-style-type: none"> Decisions on treatment and work clearance are made on a case-by-case basis by a licensed healthcare provider but may require additional consideration about job duties and government regulations.
Streptococcal Invasive (Meningitis or pneumonia)		<ul style="list-style-type: none"> Exclude ill team members from on-site work until completion of effective antimicrobial therapy, symptoms improve, and medical clearance by a licensed healthcare physician. 	
Tuberculosis, mycobacterium (TB) – pulmonary or laryngeal (active disease – confirmed contagious by chest x-ray, sputum specimen, and/or health department evaluation)	<p>Exposure is close contact within the same room as a patient with active TB and not wearing appropriate PPE:</p> <ul style="list-style-type: none"> Consult EHS for completion of T screening at baseline and 3 months after exposure for those that have reasonable exposure risk. No prophylaxis is available. A chest x-ray is indicated for those newly positive TB disease or those with history of positive results for TB and have symptoms. <p>EHS will collaborate with IP to confirm patient results.</p>	<ul style="list-style-type: none"> Exclude ill team members from on-site work until 2-3 weeks of effective treatment with clinical improvement, negative sputum specimens, and medical clearance by a licensed healthcare physician. No restrictions for asymptomatic exposed team members. 	<ul style="list-style-type: none"> Initial Public Health Services (County) TB clinic medical evaluation is required for positive TB test results. Decisions on treatment and work clearance are made on a case-by-case basis by a licensed healthcare provider but may require additional consideration about job duties and government regulations. Manager to provide a list of names to EHS of team members that may have been exposed and names of TB (active) source patient. <p>For more information: Tuberculosis (TB) CDC</p>

Entities will reference associated Documentation contained within this document as applicable
Printouts of this document may be out of date and should be considered uncontrolled.

Disease/Illness	Post-Exposure Follow-up	Work Restriction	Considerations
Tuberculosis, mycobacterium (TB) – pulmonary or laryngeal (latent infection – confirm newly positive TB skin test results with interferon-gamma-releasing assay (IGRA) blood test when available)		<ul style="list-style-type: none"> No restrictions when asymptomatic for TB and baseline chest x-ray is negative, and medical evaluation for TB was completed upon initial positive result. 	<ul style="list-style-type: none"> Lifetime surveillance with TB symptom survey. Obtain new chest x-ray if symptoms present. Requires periodic monitoring.
Varicella Zoster (VZ) Chickenpox	<p>*For unvaccinated and/or non-immune team members:</p> <ul style="list-style-type: none"> Susceptible team members to consult EHS for administration of the varicella vaccination unless contraindicated and for evaluation of Varicella Zoster Immune Globulin (VZIG). Restrict susceptible team members from on-site work for days 10-21 post-exposure. Refer to OB if pregnant and non-immune. <p>No action for immune or appropriately vaccinated team members.</p>	<ul style="list-style-type: none"> Exclude ill team members from on-site work until lesions are dry and crusted. 	<ul style="list-style-type: none"> Decisions on treatment of infections and work clearance are made on a case-by-case basis by a licensed healthcare provider. Susceptible team members should not enter the room if immune team members are available. Manager to provide list of names to EHS of team members that may have been exposed. <p>For more information: Chickenpox (Varicella) CDC</p>
Viral Hemorrhagic Fevers (e.g., Ebola, Marburg, Lassa Fever)	<ul style="list-style-type: none"> Immediately contact the Hospital Supervisor who will inform Infection Prevention, Infectious Disease, and Business Assurance Safety Specialist for guidance. Consult EHS to evaluate circumstances of exposure, presence or absence of symptoms, discuss observation and treatment plan; consider seclusion or isolation. 	<ul style="list-style-type: none"> Exclude ill team members from on-site work until completion of effective treatment and medical clearance by a licensed healthcare physician. Work restrictions after exposure will be decided on an individual basis. 	<ul style="list-style-type: none"> Infection Prevention will notify Michigan Department of Health and Human Services (MDHHS) to investigate contacts that may have been exposed. <p>For more information: Viral hemorrhagic fevers - Symptoms and causes - Mayo Clinic</p>

[Reportable Diseases to the state of Michigan Health and Human Services](#)