Policy Applies to: All staff employed by Mercy Hospital
Credentialed Specialists involved in service provision will be facilitated to meet the requirements of this policy.

Related Standards:
Ngā Paewerea Health and Disability Services Standard NZS 8134.3:2021, Section 5, Infection Prevention and Antimicrobial Stewardship.
EQuIP categories 1.5.1 and 1.5.2 Infection Control

Rationale:
To ensure that appropriate staff management concerning the prevention of transmission of infectious disease.

Cultural Considerations*:*

- **Language and Communication:** Communication regarding this policy and the matrix of infectious disease precautions and guidance regarding working roles is provided in English – the main language that all staff members understand. However, it is understood that English is not the first language of some staff members and that some staff may prefer communication in other languages. Translation services can/may be used to provide language that the affected staff member maybe more comfortable with.
- **Cultural Beliefs and Practices**: Respect and accommodation of their cultural beliefs and practices related to health and illness ensure that the staff member is holistically cared for and creates and maintains a trusting relationship between the staff member and their area of work.
- **Religious Considerations**: Being mindful and open to the fact that different religious practices and beliefs may dictate different practices.
- **Family and Community Dynamics**: Must be considered on an individual basis.
- **Stigma and Discrimination:** Stigma and/ or discrimination is associated with infectious diseases and the care of the same in some cultures, religions and family groups. Staff members may be hesitant to disclose symptoms or seek testing and treatment due to fear of discrimination or social stigma within their community and between work colleagues. Health information and plans must be confidential and sharing of information is completed with the consent of the staff member and only when essential for the care of the staff member or when appropriate, for the wellbeing of others such as colleagues, and patients.

Definitions:
Infectious Disease: Disease is caused by infectious pathogenic microorganisms (bugs) such as bacteria, viruses, fungi, and parasites. Disease can be transmitted from direct or non-direct contact, with contaminated environments, such as ventilation and heating sources, surfaces, equipment, consumption of contaminated water, food sources, and other people and animals.

Abbreviations:
IPC: Infection Prevention and Control
ID: Infectious diseases

Objectives:
To provide infection prevention and control risk management response protocol when staff have an infectious disease.

Implementation:
Staff reporting of illness to managers and Infection Prevention and Control Nurse (IPC Nurse).
Assessment by IPC Nurse, General Practitioner, and Medical Officer of Health (MOH) as required.
Screening of staff before employment

Evaluation:
Infection Prevention and Control monthly board reporting
IPC Committee bi-monthly meeting minutes
Incident forms
Pandemic staff illness register.

Associated Documents
Internal
Staff Immunization Policy
By-Laws for Credentialed Specialists
MDRO policy

Infectious Disease Patient Management

External

Communicable Disease Control Manual. (Manatū Hauora-Ministry of Health, Revised 17 April 2024)
Guidelines for the Control of Methicillin-resistant *Staphylococcus aureus* in New Zealand. (Manatū Hauora-Ministry of Health, 2007)
Guidelines for Tuberculosis Control in New Zealand, (Manatū Hauora-Ministry of Health, Revised 12 August 2019).
Guidelines for the Management of Norovirus Outbreaks in Hospitals and Elderly Care Institutions (Ministry of Health, 2009)
Health and Safety at Work Act 2015
Health and Safety at Work (Health and Safety Representatives and Committees) Amendment Act 2023
Health (Infectious and Notifiable Diseases) Regulations 2016
Health Act 1956, version as at 17 February 2024
Schedule of notifiable diseases, Updated 9 June 2022
Notifiable Occupational Acquired Diseases, Mahi Haumaru Aotearoa Worksafe, March 2024

Disease	Infective Material	Incubation Period	Duration of Illness	Remove from direct patient contact	Other restrictions	Other comments
Please note- if the infection is related to occupational exposure or a work-related outbreak – notifications are to the Medical Officer of Health AND WorkSafe. Notification to be completed by the Infection Prevention Service (Medical officer of Health), and Health and Safety Specialist (WorkSafe) or delegated others i.e., Mercy Executive or Clinical Services Manager.						
AIDS *See "HIV"*						
Bacillus Cereus See "Gastroenteritis"						

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Brucellosis (if work related infection-Notifiable disease)	Consumption of unpasteurised dairy products infected soil, manure, and water	5-60 days	Rare human-to-human transmission by sexual intercourse	Not required	Cover wounds with occlusive dressings	Contact IPC Nurse and Infectious Diseases Physician
Campylobacter See "Gastroenteritis"						
Chickenpox *See "Varicella"*						
Colds (coryza) *See "Respiratory infections"*						
Cold Sores See "Herpes Simplex Virus						
Conjunctivitis			24-72 hours	yes		

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Bacterial, Chlamydial, Gonococcal		While symptomatic		Until 24 hours post-effective antimicrobial treatment		
Acute viral, acute haemorrhagic			Duration of symptoms			
Coronavirus (Notifiable disease if *) • Non-pandemic strains • SARS-CoV2 (COVID-19) * • SARS – CoV (Severe Acute Respiratory Disease * MERS – CoV MER (Middle East Respiratory Syndrome *	Respiratory secretions, direct and non-direct contact with the environment	5-14 days	Duration of symptoms	Yes, Remove from all work until a clear swab and 48 hours symptom-free.		Immune compromised, long COVID-19 considerations
Clostridium perfringens *See "Gastroenteritis"*						

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Creutzfeldt-Jakob disease (including vCJD) **Burkholderia cepacia** See "CJD policy" **(Notifiable disease)**	Blood and body fluid, particularly brain/spinal	unknown	lifelong	no	Seek IPC and ID advice. Special consideration required for certain tasks.	
Cryptosporidiosis *See "Gastroenteritis"*						
Cytomegalovirus (CMV)	Contact with body fluids	Unclear (3-12 weeks)	Episodically for years	No	Seek advice IPC Nurse Consider Immune compromised	Can cause foetal abnormalities
Dermatitis	Contact with infected lesions and secretions		Until lesions have resolved	Restrict from contact with patients and patient's environment until lesions have resolved	Restrict from food handling	Widespread, persisting, deteriorating or infected skin conditions should be

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						seen by IPC, and reported via the Occupational health form in Tautoko
Diarrhoea: *See "Gastroenteritis"*						
English Measles *See "Measles"*						
E. *coli* *See "Gastroenteritis"*						
Epstein Barr Virus (Infectious mononucleosis)	Saliva and Respiratory secretions	4-6 weeks	Prolonged	Staff should not work while symptomatic	Side effects of recovery to be considered for return-to-work planning	Seek advice from IPC Nurse
ESBL	faeces	variable	Lifelong colonisation	no		Seek IPC advice
Food Poisoning See "Gastroenteritis"						

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Gastroenteritis- virial or bacterial. *Acute diarrhoea, nausea, abdominal cramps, with or without vomiting* ***Acute diarrhoea***- 3 or more loose bowel motions per day. Common organisms- • Adenovirus (enteric) • Bacillus Cereus • Clostridium botulinum (Botulism) **(Notifiable disease)** • *Campylobacter* species **(Notifiable disease)** • Cholera (Vibrio cholerae) **(Notifiable disease)**	Faecal – oral		While symptomatic	Yes, until 48 hours symptom-free. **Notifiable Disease known** Restrict from duties until symptom-free for 48 hours and 2 consecutive stool samples are clear of the organism.	**Food handlers** Remove from work to rule out infectious cause. Test stool. Note food worker on lab form. ***Should not*** return to work even after symptoms cease until infection with Salmonella, E.coli, Campylobacter, have been ruled out	Lab test if ongoing, to isolate specific organism or toxin ***Convalescent diarrhoea***- lasting more than 2 weeks with no medical cause, e.g., Crohn's, IBS or infectious cause. Consult with Infection Prevention Service

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• Clostridium difficile (enterocolitis) • *Clostridium perfringens* **(Notifiable disease)** • *Cryptosporidium* species **(Notifiable disease)** • *Entamoeba histolytica* • *E.coli* (enteropathogenic, or O157:H7 and other Shiga toxin-producing strains **(Notifiable disease)** • *Giardia lamblia (Giardiasis)* • Norovirus • Rotavirus • *Salmonella species* (including *S.typhi*). • *Shigella species*.						

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• Staphylococcal (Notifiable disease) • Typhoid Fever • *Vibrio spp*. including *V.cholerae* • Viral if not covered elsewhere *Yersinia enterocolitica* (Notifiable disease						
Giardia *See "Gastroenteritis"*						
German Measles See "Rubella"						
Glandular Fever See "Epstein-Barr Virus"						
Gulillian-Barre Syndrome	n/a	varies	varies	no	Autoimmune condition Immune compromised.	6 weeks exclusion from vaccine administration from the date of recovery.

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Haemophilus influenzae, type b (HiB) (Notifiable disease)	Respiratory secretions			Yes, Until 24 hours after initiation of treatment		
Hepatitis (All types: Notifiable disease) **A & E**	Faecal - oral	2-6 weeks	A few days before and until 7 days after onset of jaundice	Yes, and other work environments until assessed by Infection control	Restrict from food handling	Contact IPC Nurse, infectious diseases specialists/MOH
B	Blood/body fluid contact	45-160 days (60-90 days average)	As long as Antigen Positive	Staff with Hepatitis B antigenemia may be restricted in their work practice (especially if Hep Be antigen-positive) Specialist advice will be sought around safe practice	No closed or sight obscured surgeries, where staff member is a surgeon or surgical assist	
C		14 days				
D		14-63 days				
G		Unknown				

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Herpes Simplex Virus (Cold Sores)	Direct contact with lesions		Until lesions have crusted over			Seek advice from IPC Nurse
Herpes Zoster (Shingles) See "Varicella"						
HIV (Human Immunodeficiency virus)	Percutaneous or sexually transmitted	2 weeks to 6 months	Life-long	Seek advice from Infection Diseases specialist - advice will be sought around safe practice	HIV positive staff who have undiagnosed pneumonia must not enter the hospital premises (risk of TB)	
Impetigo *See "staphylococcal infections"*	Direct contact		While symptomatic	Yes		
Influenza	Droplets	1-5 days	3-5 days (adults) Up to 7 days for children	Yes, while symptomatic (especially with the elderly)	Staff with influenza should stay away from work to avoid infecting other staff	

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Measles (morbilli) Active (case)	Droplets	10 days (may be 7-18 days	From 1 day before prodrome (fever) (i.e. 4 days before rash) until 4 days after the rash appears	Yes Until 5 days after the appearance of the rash		
• Post-exposure in non-immune (contacts)	**Infective Material**	**Incubation Period**	5-21 days after exposure and/or 5 days after the rash appears	Yes Until 14 days after exposure and/or 5 days after the rash appears (in contact)		
Meningococcal infection	Droplets Contact	2-10 days (usually 3-4 days)	Until viable organism is no longer present in respiratory discharges	Yes Until 24 hours after effective antibiotic treatment		Contact Medical Officer of Health re clearance of the organism
MRSA *See MDRO policy.*				Yes, if Hospital-acquired, Multi resistant		

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Mumps Active (Case)	Droplets	12-25 days (commonly 18 days)	From 7 days before the onset of parotitis until 9 days after onset. Maximum infectivity 2 days before until 4 days after onset of illness	Yes		
Mumps Post-exposure in non-immune (Contact)	Droplets	As above Symptomatic 12th to 26th day after exposure or until 5 days after onset of parotitis	Maximum infectivity 2 days before until 4 days after onset of illness	Yes		<u>All exposed</u> HCW's should report signs or symptoms of illness from 12-25 days after exposure

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Norovirus *See "Gastroenteritis"*						
Pertussis Active (case)	Droplets	7-14 days (range 6 - 21 days)	Highly contagious at beginning of the catarrhal stage	Yes		From the beginning of the catarrhal stage until 3rd week after onset of Whoop Cough, or until 5 days after start of effective antibiotic treatment (e.g. erythromycin)
Post-exposure: *asymptomatic* (contact)			None, as asymptomatic	No	nil	No Prophylaxis (vaccine) recommended to prevent infection from exposure.
Post-exposure: *symptomatic* Contact)			Highly contagious at beginning of the catarrhal stage	Yes		Until 5 days after the start of effective antibiotic treatment

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Respiratory infections (e.g. common cold)	Droplets	Variable, usually 12-72 hrs	24 hours before symptoms and up to 5 days after	Yes (high-risk patients, e.g. infants, CORD patients and immune-compromised		While symptomatic Contact Infection Prevention & Control for further advice
Rotavirus See "Gastroenteritis"						
Rubella Active (Case)	Droplets	14-23 days (usually 14-17 days)	One week before until 7 days after onset of rash	Yes	Remove from contact with non-immune pregnant women	Contact Infection Control
Rubella Post-exposure in non-immune (contact)	Droplets	14-23 days (usually 14-17 days)	One week before until 7 days after onset of rash	Yes	Should not have any contact with non-immune pregnant women	
Salmonella See "Gastroenteritis"						

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Scabies	Direct skin to skin contact, bedclothes and underclothes if contaminated directly before use	First infestation: 2-6 weeks Previously infected: 1-4 days	Until mite and eggs are destroyed	Yes, until 24 hours after application of prescribed treatment. Diagnosis must be made by skin scraping or dermatologist		Contact IPC Nurse
Shigellosis (**Shigella infection**) See "Gastroenteritis"						
Shingles See "Varicella"						
Staphylococcal infection *(boils, abscess, carbuncle, impetigo*	Direct contact	Commonly 4-10 days	As long as purulent lesions persist or carrier state persists	Yes, until no longer infectious	Remove from food preparation.	Seek advice from Infection Prevention & Control

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Streptococcal disease (Group A throat infections and skin lesions) See "Gastroenteritis" If causing diarrhoea	Direct or intimate contact	1-3 days	10-21 days	Yes. While symptomatic or until 48 hours after the start of treatment	Relieve from food preparation	Seek advice from IPC
Staphylococcus aureus See "Gastroenteritis" If causing diarrhoea	Direct Contact with infected site		duration of symptoms	Yes, **IF** pus, wound unable to be covered, Until 24 hours after starting effective antibiotic treatment		
Tuberculosis (pulmonary) Notifiable Disease	Droplets and aerosols (rarely by direct contact through skin abrasion)	4-12 weeks After at least	While viable tubercle bacilli are in sputum	Yes, until medical clearance to return to work by a medical specialist and/or Medical Officer of Health. Staff need 14 days of treatment and viable organisms are no longer seen in sputum testing	Infected staff should not return to work within a healthcare facility until medical clearance to return to work by a medical specialist and/or Medical Officer of Health has been obtained	Management according to national guidelines. Contact tracing will be arranged by the MOH.

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Typhoid See "Gastroenteritis"						
Vibrio parahaemolyticus See "Gastroenteritis"						
Varicella (chickenpox) Active (case)	Droplets and fluid from the rash	11-23 days (14-16 average)	Usually up to 5 days before rash and until 7 days after the first crop of vesicles, and until all the vesicles are dry and crusted	Yes For 7 days after the rash appears and until lesions are dry and crusted	.	Staff exposed to varicella and unsure of immunity to contact IPC Nurse
• Post-exposure in non-immune (contact)				If unvaccinated, or unknown vaccination status	From 8th until 21st day after exposure (up to 28 days if Varicella Immunoglobulin was given Staff exposed)	Unsure of immunity to contact IPC Nurse

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Varicella (shingles) Localised, in a healthy person	Direct contact with lesions and secretions		For a week after the appearance of vesiculopustular lesions	Cover lesions and restrict from the care of high risk or susceptible patients. Until lesions are dry and crusted		Seek advice from IPC Nurse IPC Nurse
Generalised, or localised, in immuno-suppressed person	Direct contact with lesions and secretions	Variable.	For a week after the appearance of vesiculopustular lesions	Yes Until lesions are dry and crusted		Seek advice from IPC Nurse
Post-exposure in non-immune (Contact)	Vesicle fluid	11-23 days (14-16 average)	Usually up to 3 days before rash and until 6 days after the first crop of vesicles, and until all the vesicles are dry and crusted	Yes From 8th until 21st day after exposure		Staff exposed to shingles and unsure of immunity to contact IPC Nurse

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Vomiting Can be a symptom of Gastroenteritis. If symptom is non-infectious return to work planning maybe required e.g., medical condition, allergic reaction.	Vomit and oral secretions	Dependent on organism	varies	Yes until 48 hours symptom free.		48 hours symptom free before return to work.
Whooping cough See “pertussis”						