Staff Health & Safety Guide - Fitness to Work

Personal Care/Group/Residential Homes

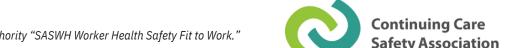
Work Restrictions for III Workers

If a worker has had a bout of an infectious illness, it is not always easy to know when to be at work or return to work. The following are general guidelines. In all cases, check with your manager. IF YOUR FACILITY IS ON OUTBREAK, there may be some special circumstances for when you can return to work e.g., self-isolation for COVID-19.

| Infection | Restriction | Length of Restriction |
|---------------------------------|---|---------------------------------------|
| Conjunctivitis | Restrict from direct resident care | Until eye discharge resolved |
| COVID-19 | Exclude from facility | |
| Gastroenteritis incl. nausea, | Restrict from direct resident care and food | 72 hr. after symptoms resolve or the |
| vomiting, and/or diarrhea | preparation | person is deemed not contagious by a |
| health professional | | |
| Hepatitis A | Restrict from direct resident care and food | Until 1 week after onset of jaundice |
| | preparation | |
| Hepatitis B | None* - see note # 1 | |
| Hepatitis C | None* - see note #1 | |
| HIV | None* - see note #1 | |
| Herpes simplex, mouth & face | Restrict from newborn care | Until lesions are dry |
| Viral respiratory infections, | Restrict from direct resident care | Until 5 days after onset of symptoms |
| acute febrile infections (e.g., | | or 48 hr. after acute symptoms |
| influenza, RSV, common cold) | | resolve whichever is sooner. |
| | | See note #2 |
| Measles | Exclude from facility | Until 7 days after onset of rash |
| Mumps | Exclude from facility | Until 9 days after onset of parotitis |
| Pediculosis | Restrict from direct resident care | Until treated |
| Pertussis | Exclude from facility | Until treated for 5 days |
| Rubella | Exclude from facility | Until 5 days after onset of rash |
| Staphylococcal skin infection | Restrict from direct resident care | Until treated for 24 hr. |
| Streptococcal infection, | Restrict from direct resident care | Until treated for 24 hr. |
| Group A | | |
| Tuberculosis, active | Exclude from facility | Until proven non-infectious |
| pulmonary | | |
| Varicella (chickenpox) | Exclude from facility | Until lesions are crusted |
| Zoster (shingles) | If lesions are covered, restrict from care of | Until lesions are crusted |
| | immunocompromised residents; If unable | |
| | to cover / contain secretions from lesions, | |
| | restrict from ALL resident care | |

Notes – 1. Care providers with these infections should avoid performing procedures considered to be at risk for transmission of blood from provider to resident.

2. If your symptoms are respiratory (cough, sneezing, runny nose, etc.) you should remain at home for AT LEAST 48 hours after you feel significantly improved. If you need to use an over-the-counter medication to manage symptoms, you are likely NOT well enough to be at work.



Recommended Immunizations for Care Providers

There are a number of vaccine preventable illnesses that care providers may encounter depending on the workplace and the client population they serve. Care providers should check their employer's policies. If care providers are uncertain about their personal immune status to any of these infections, they should make an appointment with the local Public Health nurse for assessment. Note: not all vaccines are publicly funded and the Public Health Nurse will advise.

| Vaccine | Indications / Recommendations | |
|-----------------------------|---|--|
| Measles-mumps-rubella (MMR) | Two doses for adults born after 1970; adults born before 1970 are | |
| | considered immune. | |
| Polio | This vaccine is usually part of childhood vaccination programs; | |
| | rarely do adults need to receive it. | |
| Hepatitis B | Highly recommended for anyone who could be exposed to blood | |
| | and body fluids in the workplace. Three dose series and serological | |
| | lab test done 4 weeks after the last dose to assess immunity. | |
| Varicella – zoster | Either documentation of two doses of vaccine or evidence that | |
| | natural immunity occurred. | |
| Influenza | Annual vaccination recommended especially for people working | |
| | with the elderly or immune compromised. | |
| Diphtheria – tetanus | A repeat dose should be given every 10 years after the primary | |
| (Td)/tetanus – diphtheria – | series; adults may be eligible to receive one dose Tdap | |
| acellular pertussis (Tdap) | | |
| Pneumococcal | Adults aged 65 and over are eligible. | |
| COVID-19 | Vaccination recommended especially for people working with the | |
| | elderly or immune compromised. | |

