

Hospital Epidemiology and Infection Prevention and Occupational Health Services

Appendix A: Table of Illness / Infections and Related Work Restrictions

(Note: more restrictive Unit Specific Policies may supersede this table)

Policy 3.2 Appendix A

Issued: 7/2002

Last Approval: 05/2025

<i>Illness/Infection</i>	<i>Work Restriction</i>	<i>Duration</i>	<i>OHS Return to Work Visit Required</i>
Acute Febrile illness caused by any infection (excluding Acute Respiratory Infection, <i>see below</i>)	May not work	Until at least 24 hours have passed with no fever (without use of fever-reducing medicines) and other symptoms significantly improved	No
Acute Respiratory Infections (take the Digital Screener for detailed guidance)			
a. Symptoms WITH Fever OR COVID-Positive Test WITH or WITHOUT Fever	May not work	Until at least 3 full days have passed since symptom onset and/or positive COVID test, and fever-free for at least 24 hours (without use of fever-reducing medicines), and symptoms resolved or significantly improved, and feel well enough to work. Wear a face mask for 10 days. Return on day 4 or later.	No
b. Symptoms WITHOUT Fever (without the use of fever-reducing medicines)	May not work	Until at least 24 hours have passed since symptom onset and symptoms resolved or significantly improved and feel well enough to work. Wear a face mask for 10 days.	No
Conjunctivitis	May not work	Until eye discharge resolves	Yes
Coxsackievirus (Enterovirus spp.)	May not work	Until 7 days post-onset of symptoms and open wounds are healed	Yes
Cytomegalovirus	Only for acute illness	Until fever and other symptoms resolve	Yes
Dermatitis of hands/forearms	May not work (hands-on patient care)	Until cleared by OHS	Yes

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Diarrhea: acute onset with other symptoms			
a. Patient care personnel	May not work	Until cleared by OHS, must be resolved for at least 48 hours	Yes
b. Food handlers	May not work	Duration of illness (see Nutrition and Food Services policy), must be resolved for at least 48 hours	Yes
Draining wounds:			
a. Hands, arms, face	Remove from patient care or food handling	Until cleared by OHS	Yes
b. Other areas if covered by clothing	May work	Keep area well covered	No
Group A Strep Infection			
a. Active infection	May not work	24 hours after antibiotic treatment started and symptoms have improved	No
b. Suspected infection	May not work	Until infection ruled out	Yes
Hepatitis A:	May not work	From diagnosis to 7 days after onset of jaundice	Yes

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Hepatitis B:			
a. Acute infection	OHS evaluation & counseling	Per evaluation by OHS	Yes
b. Chronic active/carrier	OHS counseling is available	N/A	No
Hepatitis C:			
a. Acute infection	OHS evaluation & counseling	Per evaluation by OHS	Yes
b. Chronic active/carrier	OHS evaluation & counseling	NA	No
Herpes simplex:			
a. Genital	Good hand hygiene	N/A	No
b. Hands (whitlow)	No direct patient care	Until lesions dry and crusted	Yes
c. Facial	Mask (covering all lesions) for direct patient care	Until lesions dry and crusted	No
HIV/AIDS:	None unless otherwise noted in this table. Confidential counseling available through OHS and (Dentistry) Dean's Advisory Committee on Health and Safety	N/A	No

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Measles:			
a. Active / suspected infection	May not work*	Until 4 days after rash appears and afebrile (*if immunocompromised excluded for duration of illness)	Yes
b. Following exposure if not immune to measles or measles immune status is unknown	May not work	From day 5 after first exposure through day 21 after last exposure regardless of whether Immune Globulin (IVIG) or vaccine given postexposure	Yes
c. Following exposure if immunity to measles is documented	May work	N/A	No
Mumps:			
a. Active / suspected infection	May not work	Until 5 days after onset of parotitis or symptoms	Yes
b. Following exposure if not immune to mumps	May not work	From day 10 after first exposure through day 25 after last exposure	Yes
c. Following exposure if immunity to mumps is documented	May work	N/A	No

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Pertussis:			
a. Active / suspected infection	May not work	From beginning of cold/flu symptoms until 5 days after start of appropriate antibiotics	Yes
b. Known exposure and symptomatic	May not work	Until completion of 5 days of appropriate antibiotics (or 21 days if not on antibiotics)	Yes
c. Known exposure and asymptomatic	May work*	May require post-exposure prophylaxis for work with high-risk populations or personal high risk (*if not receiving prophylaxis may be furloughed if working with high-risk population for 21 days after last exposure)	Yes
Rash:	May not work until medical evaluation	Depends on cause of rash	Yes
Rubella:			
a. Active / suspected infection	May not work	Until 7 days after rash appears	Yes
b. Following exposure if not immune to rubella	May not work	From day 7 after first exposure through day 23 after last exposure	Yes
c. Following exposure if immunity to rubella is documented	May work	Monitor symptoms from day 7 after first exposure through day 23 after last exposure	No
Scabies / Lice:	May not work	24 hours after appropriate treatment	Yes

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Varicella:			
a. Active / suspected (chickenpox / disseminated zoster)	May not work	Until all lesions are dry and crusted	Yes
b. Following exposure if not immune to varicella	May not work	From day 8 after first exposure through day 21 after last exposure	Yes
c. Following exposure if immunity to varicella is documented	May work	Must monitor symptoms from day 8 after first exposure through day 21 after last exposure	Yes
d. Following varicella vaccine develops rash and/or fever	May not work	Must not work if febrile or rash appears, then off until lesions are dry and crusted	Yes
e. Localized zoster / shingles:			
1) face & hands	May not work	Until lesions are dry and crusted	Yes
2) chest, back, abdomen, or legs	May work if lesions can be completely covered	N/A	Yes
Infected or colonized with any organism that has been associated with recent horizontal transmission at UCSF	May not work or may be restricted from direct patient care and other duties	Until treated <u>and</u> pathogen is eradicated	No

OHS = Occupational Health Services, N/A = Not Applicable

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Reviewed by HEIP, OHS

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