

## Employee Illness and Return to Work Guidelines

Disease/Problem	Work Restriction	Duration	Evidence Category
Conjunctivitis	Restrict from patient contact and contact with the patient's environment	Until discharge ceases	II
Cytomegalovirus infections	No restriction		II
Diarrheal Diseases Acute stage (Diarrhea with other symptoms)	Restrict from patient contact, contact with the patient's environment, or food handling  Please see NE DHHS Enteric guidance for further details <a href="https://dhhs.ne.gov/epi%20docs/ExclusionCriteriaCheatSheetForEntericDiseases.pdf">https://dhhs.ne.gov/epi%20docs/ExclusionCriteriaCheatSheetForEntericDiseases.pdf</a>	Until symptoms resolve	IB
Diarrheal Diseases - Convalescent stage, <i>Salmonella</i> spp.	Restrict from care of high-risk patients  Please see NE DHHS Enteric guidance for further details <a href="https://dhhs.ne.gov/epi%20docs/ExclusionCriteriaCheatSheetForEntericDiseases.pdf">https://dhhs.ne.gov/epi%20docs/ExclusionCriteriaCheatSheetForEntericDiseases.pdf</a>	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures	IB
Diphtheria	Exclude from duty	Until antimicrobial therapy completed, and 2 cultures obtained $\geq$ 24 hours apart are negative	IB
Enteroviral infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve	II
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice	IB
Hepatitis B - Personnel with acute or chronic hepatitis B surface antigenemia <b>who do not</b> perform exposure-prone procedures	No restriction: standard precautions should always be observed		II

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Hepatitis B - Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, considering specific procedure as well as skill and technique of worker.  *Nebraska does not have specific regulations.	Until hepatitis B e antigen is negative	II
Hepatitis C	Recommend clearance by expert committee due to more available treatment options.		
Herpes simplex - Genital	No restriction		II
Herpes simplex - Hands (Herpetic whitlow)	Restrict from patient contact and contact with the patient's environment	Until lesions heal	IA
Herpes simplex - Orofacial	Evaluate for need to restrict from care of high-risk patients		II
Herpes zoster (shingles) - Localized, in healthy person	Cover lesions; restrict from care of high-risk patients	Until all lesions dry and crust	II
Herpes zoster (shingles) - Generalized or localized in immunosuppressed person	Restrict from patient contact	Until all lesions dry and crust	IB
Herpes zoster (shingles) - Postexposure (susceptible personnel)	Restrict from patient contact	From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crusted	IA
Human immunodeficiency virus	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, considering specific procedure as well as skill and technique of the worker, standard precautions should always be observed; refer to state regulations		II
Measles (Rubeola) - Active	Exclude from duty	Until 7 days after the rash appears	IA

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Measles (Rubeola) - Postexposure (susceptible personnel)	Exclude from duty	From 5th day after 1st exposure through 21st day after last exposure and/or 4 days after rash appears	IB
Meningococcal infections	Exclude from duty	Until 24 hours after start of effective therapy	IA
Mumps - Active	Exclude from duty	Until 9 days after onset of parotitis	IB
Mumps – Postexposure (susceptible personnel)	Exclude from duty	From 12th day after 1st exposure through 26th day after last exposure or until 9 days after onset of parotitis	II
Pediculosis	Restrict from patient contact	Until treated and observed to be free of adult and immature lice	IB
Pertussis - Active	Exclude from duty	From beginning of catarrhal stage through 3rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy	IB
Pertussis - Postexposure (asymptomatic personnel)	No restriction, prophylaxis recommended		II
Pertussis - Postexposure (symptomatic personnel)	Exclude from duty	Until 5 days after start of effective antimicrobial therapy	IB
Rubella - Active	Exclude from duty	Until 5 days after rash appears	IA
Rubella – Postexposure (susceptible personnel)	Exclude from duty	From 7th day after 1st exposure through 21st day after last exposure	IB
Scabies	Restrict from patient contact	Until cleared by medical evaluation	IB

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<i>Staphylococcus aureus</i> infection - Active, draining skin lesions	Restrict from contact with patients and patient's environment or food handling	Until lesions have resolved	IB
<i>Staphylococcus aureus</i> infection - Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism		IB
Streptococcal infection, group A	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started	IB
Tuberculosis - Active disease	Exclude from duty	Until proved noninfectious	IA
Tuberculosis - Latent TB Infection - LTBI by PPD/TST or Interferon-Gamma Release Assay (IGRA)	No restriction. Need to exclude active disease		IA
Varicella (chickenpox) - Active	Exclude from duty	Until all lesions dry and crusted	IA
Varicella (chickenpox) - Postexposure (susceptible personnel)	Exclude from duty	From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure	IA
Viral Respiratory Infection - Influenza-like respiratory infection, acute febrile	Exclude from duty while febrile  *For respiratory viruses without specific CDC guidance, may follow this recommendation	Until 24 hours without a fever (without use of antipyretic medication)	IB
Viral Respiratory Infection - SARS-CoV-2 (COVID-19)	Refer to CDC Interim COVID-19 Guidance		

Adapted from Bolyard, E., Tablan, O., Williams, W., Pearson, M., Shapiro, C., Deitchman, S., & The Hospital Infection Control Practices Advisory Committee. (1998). Guideline for infection control in health care personnel, 1998. *American Journal of Infection Control*, 26(3), 289-354. <https://www.cdc.gov/infectioncontrol/pdf/infection-control-hcw.pdf>

Adapted from the Association of Occupational Health Professionals in Healthcare (AOHP): Recommended Work Restrictions for Communicable Diseases in Healthcare Workers, 2014  
<https://www.aohp.org/aohp/portals/0/Documents/MemberServices/templateandform/WR4CD-HCW.pdf>

NE ICAP disclaimer, please note this guidance does not account for all clinical situations and facilities may need to adapt this template according to new evidence and according to specific needs.

