

PROTECTION OF HEALTH CARE WORKERS

Screening and Immunization of Health Care Workers

Protection from communicable diseases is a fundamental right of health care workers. It is the responsibility of health care facility to ensure that all necessary steps are taken to minimize the risk of infection in the health care facility. Protection of health care workers is also necessary for the protection of patients. The following steps are desirable:

- ✦ Primary health screening of all staff
- ✦ Accurate and up-to-date records of immunization and vaccination of staff as per relevant guidelines
- ✦ Screening of concerned staff in case of an outbreak (e.g., MRSA, VRE)

Screening process includes, administration of questionnaire, containing questions related to general health, history of infectious diseases immunization status against

- ✦ Tuberculosis
- ✦ Rubella,
- ✦ Measles,
- ✦ Mumps,
- ✦ Chicken pox
- ✦ Hepatitis B
- ✦ Influenza

Clinical examination for evidence of any illness. Vaccination of non-immune staff against all relevant vaccine preventable diseases

Table-1: Vaccines that are recommended for Health care worker

Vaccine	Indication	Vaccine/Route/Schedule	Booster dose
Hepatitis B	All Health care workers	3 doses i.m. 0, 1 month, 6 months;	Not recommended
T (Tetanus)	Persons without a history or an unknown history	3 doses i.m. 0, 1-2 months, 6 months	Every 10 years If exposed to a dirty wound and last booster dose is > 5 years, give booster
Rubella	Un-immunized women of child-bearing age	Single dose i.m. or s.c.	

Table-2: Guidelines for work restrictions for Health Care Worker with infectious diseases

Disease problem	Relieve from direct patient contact	Partial work restriction	Duration
Conjunctivitis	Yes		Until discharge from eye ceases
Diarrhea	Yes; include restriction of food handlers		Until symptoms resolve
Group A Strep.	Yes		Until 24 hours after adequate treatment is started
Hepatitis A	Yes		Until 7 days after onset (jaundice)
Hepatitis B or C (chronic)	No	Strict adherence to standard precautions	
Herpes on the hands (herpetic whitlow)	Yes		Until lesions heal
Measles/Rubella	Yes		Until 7 days after the rash appears
Staphylococcal skin infection	Yes; include restriction of food handlers		Until treated
Tuberculosis, pulmonary	Yes		Until receiving adequate therapy including proof with 3 negative sputum smears and resolved cough
Upper respiratory tract infection	No	Personnel with a upper respiratory tract infection should not take care of high risk patients (i.e., intensive care unit, immunocompromised patients, or patients with chronic lung disease)	Until acute symptoms are resolved HCP should stay away from high-risk patients
Varicella, active	Yes		Until all lesions dry and crust
Varicella, post exposure	Yes		From the 10th through the 21st day after exposure or if varicella occurs, until all lesions dry and crust
HIV/AIDS	Relieve from contact with highly infectious patients	Strict adherence to standard precautions	

Training in Personal Health & Safety Precautions

All health care facilities should provide training

to personnel who are at risk of occupational exposure to blood and to infectious body fluids. This training should include the use of standard precautions for personal protection.

Monitoring and Evaluation of Infection Control Practices

It has been observed that health care workers do not adhere to infection control policy. ICT should monitor and evaluate it annually and provide input in annual performance appraisal of Health Care Workers

Management of Sharps injury:

Immediately following an exposure to blood or

body fluids with visible blood:

✦ Wash injury site and cuts with soap and water.
✦ In case of eye splash irrigate eyes with clean water, saline, or sterile irrigates. There is no scientific evidence that using antiseptics prevents infection or that by squeezing the injured site remove contaminants.

✦ Report to the supervisor and ICT.

✦ Comply with the guidelines.

For details please see Table 3.