

SICK SHOULD YOU WORK? OR SHOULD YOU STAY HOME?

WORK RESTRICTIONS FOR DENTAL HEALTHCARE PERSONNEL



LEARNING OBJECTIVES

After reading this article, the reader should be able to:

- identify prevention strategies for employees to stay healthy;
- identify two references for work restrictions for dental healthcare personnel;
- compare and contrast the differences of work restrictions for various bloodborne diseases.

GUIDELINES

For years, dental healthcare workers (DHCWs) did not have access to suggested work restrictions for healthcare personnel infected or exposed to major infectious diseases in healthcare settings. In the general healthcare field, guidelines have been written for employee health but were not readily available for the dental community. Fortunately, we now have that information from the Centers for Disease Control and Prevention (CDC) 2003 Guidelines for Infection Control in Dental Health-Care Settings—2003 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>. Table 1 in this document is a great resource for the dental office. I will not list every disease as the table is so complete. I do wish to elaborate on some diseases listed as they relate to dentistry since it is important to know when to restrict employees from work.

The Society for Healthcare Epidemiology of America (SHEA) is the infectious disease physicians' association, and their opinions hold great weight in the infection control and prevention community. These specialists are the ones who are responsible for the evaluation of healthcare personnel and when they should be restricted from patient care. SHEA has provided guidelines since 1990 regarding the management of healthcare providers who are infected with HBV, HCV and HIV. This year the guidelines were updated for the third time and

are the most comprehensive to date. They can be found at http://www.nechaonline.org/attachments/File/2010_Handouts/SHEA1.pdf

PREVENTION

VACCINATIONS

Vaccinations will help prevent you from getting sick from vaccine preventable diseases. Without immunity, if exposed or infected, you may be restricted from work to prevent you from passing illness on to patients and other staff. The more complete the immunization program you provide for your employees, the less risk you have. For a one-page immunization information form for employees, e-mail me at the address at the end of this article.

EMPLOYEE HEALTH IMMUNIZATION WORK SHEET		
Name _____	Age _____	Date of Birth: ___/___/___
Date of Hire: ___/___/___		
Allergies: _____		
Immunization	Date(s)	Comments
MMR #1		
MMR #2		
Varicella #1		
Varicella #2		
Hepatitis #1		
Hepatitis #2		
Hepatitis #3		
Hepatitis antibody titer		
Influenza		
TB Skin test #1		
TB Skin test #2		
Tdap		
Td		

May record disease if not immunized.
Tetanus must be given within last 10 years.
One dose of Measles, Mumps and Rubella (MMR) if born before 1957 without a verbal history of disease or positive titer or without documentation of immunity.
Two doses of MMR if born during or after 1957 without documentation of immunity or disease.
A positive titer of Hepatitis B antibodies is required. Actual lab results must be submitted.
Influenza is recommended yearly.
A baseline TB skin test, a tuberculin skin test (TST), is required.
If office is low risk, no further testing necessary unless an exposure occurs:
previous negative TST within 12 months, single step TST given
previous negative TST >12 months, 2-step TST indicated
previous documented positive TST, TB symptoms reviewed at hire & annually

Attach documentation of above.
Keep in confidential file

Table 1

FLU

This year, according to the CDC:

- Everyone 6 months of age and older should get vaccinated against the flu to be protected for the 2010-2011 season. This is the first time this recommendation has been made. The 2010-2011 flu vaccine will protect against an influenza A H3N2 virus, an influenza B virus and the 2009 H1N1 virus that caused so much illness last season.
- Vaccination of high risk persons is especially important to decrease their risk of severe flu illness. This includes young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.
- Vaccination also is important for health care workers, and other people who live with or care for high risk people to keep from spreading flu to high risk people.

Many hospitals are now considering mandatory flu vaccinations for their personnel and some states are considering laws to require healthcare workers to have seasonal flu vaccinations for patient protection.

Measles, mumps, rubella, varicella (chicken pox) are all infections that require the DHCW to be excluded from duty. These are all vaccine-preventable diseases. The CDC recommends DHCWs be vaccinated against these diseases. If an employee is exposed to any of these diseases, has not been vaccinated and does not have a positive antibody titer for the disease, there are work restrictions for the time period in which the employee could be contagious. Most employees already have been vaccinated for these diseases as part of childhood immunization programs.

Hepatitis B vaccination series are provided by the employer if the DHCW is exposed to bloodborne pathogens at work. After receiving the series, the employee should be tested for immunity to hepatitis B by getting a blood test for antibodies. Once you test positive for the antibody you are considered protected for life.

Tetanus, Diphtheria and Pertussis: Tetanus, Diphtheria (Td) is a recommended vaccine for DHCPs. But now there is a new vaccine, known as Tdap, that combines Tetanus, Diphtheria and Pertussis. As we now know that adults can get Pertussis, the Advisory Committee on Immunization Practices (ACIP) from the CDC recommends substituting a one-time dose of Tdap for adults to replace the next booster dose of tetanus and diphtheria toxoids (Td).

WORK RESTRICTIONS

VIRAL RESPIRATORY INFECTIONS

Usually this is the most common form of illness that we deal with in the dental setting, both with employees and patients. The majority of the time the respiratory infection is the common cold but rarely is there a confirmed diagnosis. It could be the flu or another serious respiratory virus. Most dental office staffs are small in number, and the loss of one employee for the day can be disruptive. It is a hard call. Analyze the situation. Is the employee in the initial stages, febrile, coughing, sneezing and easily able to infect others? Restrict from duty. Are there high-risk patients on the schedule who are medically compromised and not able to tolerate a respiratory infection? Restrict from duty. Is there a place in the office where the employee can be restricted from direct patient care? Can the coughing and sneezing be controlled by medication? Take all this into account before a decision can be made to allow the employee to work. With a confirmed diagnosis, the decision is much easier to make.

In addition, I do not recommend treating patients with respiratory infections. We usually do not have a clear understanding of what disease the patient has, and we do not want to be infected or transmit it to other patients. Patient education is key in this situation, and we should remind the patient

that he or she would not tolerate a dental procedure very well. Reclining and being subjected to water spray that can be inhaled can make it an unpleasant experience for the patient. Patients can be educated to not present for treatment when ill.

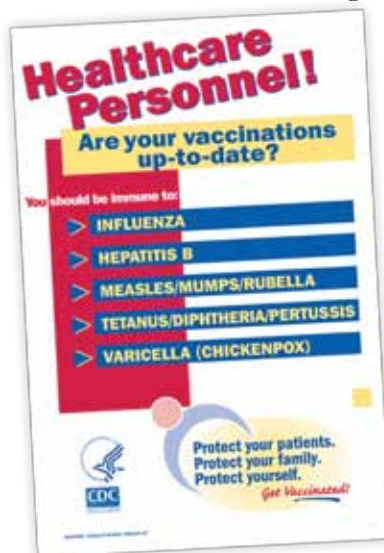
BLOODBORNE DISEASES

Since the early 90's, healthcare personnel have been covered by the Occupational Safety and Health Administration (OSHA) for protection from bloodborne pathogens. In addition, we have the guidelines from the CDC to protect patients from healthcare personnel who have bloodborne diseases, primarily Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

CDC Dental Guidelines 2003:

Hepatitis B (HBV) infected personnel, both acute and chronic, are cautioned to not perform invasive procedures until advice from a review panel is sought.

Hepatitis C (HCV) infected personnel are not restricted from work but are cautioned to follow aseptic technique



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and standard precautions (author's note: see SHEA below).

Human Immunodeficiency Virus (HIV) infected personnel should not perform invasive procedures until counsel from a review panel has been sought.

Medical and dental schools in the United Kingdom and other European countries are now requiring proof of immunity to Hepatitis B before admission. In some countries, healthcare workers infected with Hepatitis B are prohibited from performing exposure-prone procedures. Schools in the United States are also testing students preadmission for immunity. Some schools have formed review panels for this. It can be quite a difficult situation because it puts the school in a tenuous risk management position if it allows the student to treat patients, and the risk of transmission to patients would continue for that individual after completion of studies.

SHEA Guidelines 2010:

SHEA recommends that each case should be examined individually to determine whether infected providers can participate in patient-care activities. There are different recommendations for HBV, HCV, and HIV because different viral loads of each pathogen require different surveillance measures and different levels of risk. The guide provides an extensive listing of categories of healthcare-associated procedures, according to level of risk, and couples that with levels of viral burden of the practitioner to make these determinations. The guideline recommends enhanced precautions such as double-gloving for patient care procedures. For the dental community, dental procedures are listed in the three risk categories of patient procedures. So it is possible, depending on viral load and category of patient procedure, to allow infected dental providers to provide patient care. Infected providers should be followed by an infectious disease physician.

CONJUNCTIVITIS

Most of us are aware that an employee who has conjunctivitis (pink eye) is restricted from patient contact and their environment. For years we have also been told that 24 hours after medication has been started, an employee can return to work. This is not true. The work restriction is until discharge ceases. Employee health personnel are seeing more viral conjunctivitis and if medication prescribed is for a bacterial infection, it will not be effective and the employee is still contagious.

HERPES SIMPLEX

Genital herpes infection has no work restriction but use good hand hygiene and aseptic technique.

Herpetic whitlow (hands) infection requires restric-

tion from work until lesions heal. We rarely see this infection in dentistry today since wearing gloves during patient treatment has become the standard of care.

Orofacial infection requires evaluation to consider restricting from care of patients at high risk. Again good hand hygiene and aseptic technique is a must. If a patient presents with active orofacial herpes, a decision must be made as to whether the dental procedure can be safely performed. This is another situation in which patient education is key. A patient who routinely has this infection should be medicated before treatment to prevent infection or taught to reschedule timely with an outbreak.

ZOSTER (SHINGLES)

Localized in a healthy person, the employee can work if the lesions are covered but is restricted from care of patients at high risk.

Generalized or localized in an immunosuppressed person, the worker is restricted from patient contact.

KAY'S TWO CENTS

It has been emphasized to us for many years that hand washing is the single most effective way to prevent the spread of infection. Is it? I contend that vaccinations are equally important. Hand washing is not going to help if you are stuck with a blood-filled needle. Hand washing will not prevent you from getting airborne diseases. Immunizations work for both staff and patients. This is especially true for Hepatitis B vaccinations. As it is has now been included in the normal vaccination schedule for children, many times the first immunization a newborn receives, this practice will continue to cover a wider patient base. If all patients and staff were vaccinated and immune to Hepatitis B, it would be a safer place for all. Use the table; it works! Questions? You can reach me at kay@azda.org.



Kay Carl is board certified in infection control and epidemiology. She has over 35 years experience in infection control and has worked in collaboration with AzDA since 1991 to provide continuing education in OSHA, infectious diseases and infection control. She is an active member of OSAP, the national dental infection control association, and a prolific contributing author and editor for various industry print and electronic media.

