



Origination 5/1/2001
Last Approved 11/12/2024
Effective 11/12/2024
Next Review 11/12/2027

Owner Jennifer Sweeney: Infection Prevention Manager
Area Infection Prevention
Applicability Michigan Medicine Admin and Clinical
References ESGCoB, MM/UMH Policy, Policy

Michigan Medicine Infection Control Practices Policy, 04-06-002

I. Policy Statement, Purpose, and Scope

It shall be the policy of Michigan Medicine to protect its patients, visitors, employees, and volunteers against communicable diseases through the evaluation of exposure to communicable diseases, by conducting an immunization program against specific communicable diseases, and by enforcing work restrictions for specific communicable diseases. Except where specified otherwise, this policy applies to all workforce members of Michigan Medicine except Michigan Healthcare Corporation (MHC) and those subsidiaries and joint ventures of MHC.

The purpose of this policy is to establish infection control practices regarding exposure of Michigan Medicine patients, visitors, and workforce members to communicable diseases, and also to control the spread of communicable diseases from exposed personnel.

II. Definitions

- A. **Advisory Panel** - a panel convened as needed by the Chief of Clinical Affairs that includes the following: the infected workforce member's personal physician(s), the hospital epidemiologist, and/or a health professional with expertise in the procedures performed by the workforce member (e.g., chief or supervisor). The role of the advisory panel is to assess risks of the

workforce member's transmission of bloodborne pathogens to patients and others, and to recommend any restrictions in the clinical practice of an infected workforce member who performs invasive procedures.

- B. **Communicable Disease** - an illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector or the inanimate environment to a susceptible animal or human host.
- C. **Exposure to potentially infectious material** - incident in which potentially infectious material from a patient is injected percutaneously or inoculated directly onto a mucous membrane or non-intact skin of a workforce member. Patient contact that does not include contact with blood or other potentially infectious body fluids or exposure to intact skin is not an exposure and does not constitute a risk for the purposes of this policy.
- D. **Exposure-prone occupations** - any job that routinely, or in emergency circumstances, entails potential contact with patients' blood or body substances (potentially infectious material).
- E. **Preplacement Health Assessment** - the time of potential new employee/volunteer tuberculosis (TB) screening in Occupational Health Services (OHS) and a review and administration of the vaccines required as a condition of employment.
- F. **Food handlers** - persons who prepare/cook food, assemble food onto plates, deliver food to patients, and rethermalize food.
- G. **Immunization** - process of becoming immune through vaccination.
- H. **Invasive Procedure** - a procedure in which there is a potential for transmission of bloodborne pathogens to occur. This includes but may not be limited to: percutaneous or surgical entry into tissues, cavities or organs, repair of major traumatic injuries, cardiac catheterization and angiographic procedures, and Caesarean delivery.
- I. **Potentially infectious material/body fluids** - for the purpose of preventing bloodborne pathogen spread, includes blood, blood products, unfixed tissue or organ, and body fluids likely to have been contaminated with blood, such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult to differentiate between body fluids. Airborne spread and interpersonal spread through casual contact are not implicated.
- J. **Supervisor** – anyone the workforce member directly reports to, may include faculty or clinical instructor for students.
- K. **Workforce member** - includes any employee, faculty, staff, student, volunteer that enters UMH facilities and/or is involved in patient care, trainee, or other person whose conduct is under our direct control, whether or not we pay him/her for services. Community program volunteers are exempt from the OHS requirements necessary for workforce members.

III. Areas of Responsibility

Except where specified otherwise, this policy applies to all workforce members of Michigan Medicine except Michigan Healthcare Corporation (MHC) and those subsidiaries and joint ventures of MHC.

IV. Policy Standards

- A. Proof of immunity to diseases as determined by the Infection Control Committee (ICC) and screening histories shall be provided to OHS and/or mandatory vaccines shall be administered at the first or second new employee health assessment by OHS.
1. The [preplacement health assessment](#) must be completed prior to starting work.
 2. UMH workforce members and Michigan Medicine workforce members who perform any type of work in patient care areas are required to [provide proof of immunity/vaccination to certain communicable diseases](#), including measles, rubella (German measles), mumps, pertussis and varicella (chicken pox). Immunity to those diseases will be documented at the preplacement assessment. If proof of immunity or vaccination is not available, blood can be drawn to assess immune status or vaccine will be given. Any changes will be provided to Human Resources by OHS.
 - a. Exceptions due to medical contraindications may be granted by OHS on a case-by-case basis.
 - b. For measles, mumps, rubella, and varicella (chicken pox), immunity will either be assessed by providing documentation of a two shot series of the vaccine or by a positive immune titer result. Birth year or diagnosis/verification of a history of infection by a healthcare provider will not be accepted as proof of immunity.
 - c. For pertussis, documentation of one dose of the Tdap vaccine is required. Serologic testing is not accepted as proof of immunity.
 - d. The Supervisor is responsible for enforcing these requirements for workforce members under their span of control. Workforce members who fail to comply will not be allowed to work until compliance is achieved. Faculty will be suspended from clinical duties.
 - e. For workforce members transferring into a role that is in-scope for this policy, the workforce member must go to OHS before they start this new role.
 3. Influenza immunization (refer to [Michigan Medicine Mandatory Influenza Vaccination Policy](#))
 - a. A mandatory influenza vaccination program is in place that requires all workforce members, regardless of work location, to comply with infection control practices to avoid transmission of influenza. This can include vaccination, wearing masks, or other procedures as determined by the ICC on an annual basis.
 - b. Annual vaccination rates are calculated using the following formula: total number workforce members vaccinated / total number workforce members.
 4. All workforce members are strongly encouraged to remain up-to-date with the COVID-19 vaccination per [guidance from the Centers for Disease Control and Prevention \(CDC\)](#). The COVID-19 vaccine is offered by OHS.

- B. Infection control work restrictions, as specified in Exhibit 1, must be followed. Any individual circumstance will be evaluated by OHS with the advice of the Hospital Epidemiologist. Staff in OHS or IPE may need to discuss work restriction requirements with a workforce member's supervisor. Only the minimum necessary information will be provided (e.g., number of days a workforce member must be off work). Potential or actual diagnosis should not be disclosed unless necessary to further implement infection control practices.
- C. Contracts with referring schools must require students to conform to the IPE standards of workforce members (Exhibits 1 and 2) before beginning clinical placement. Staff in OHS or IPE may need to discuss work restriction requirements with a student's supervisor. Only the minimum necessary information will be provided (e.g., number of days the student must be off work). Potential or actual diagnosis should not be disclosed unless necessary to further implement infection control practices.
- D. Vendors and subcontractors must be responsible for compliance with Michigan Medicine IPE and immunization requirements (according to criteria in Exhibit 1 and 2). Contracts will reflect this responsibility.
- E. Short-term visitors who are spending less than one day onsite and are not providing direct patient care are not subject to the requirements outlined in this policy. All other visitors must comply.
- F. Any optional immunization administered by OHS (e.g., COVID-19, hepatitis B), is made available to workforce members.
- G. There will be no charge for the screening procedures or immunizations provided through OHS.
- H. Susceptible workforce members **exposed to a communicable disease** at work or having a communicable disease may need to remain off work, be reassigned to another area or be treated, as determined by OHS (see [UMH Infection Prevention Work Restrictions for Staff with Infectious Disease](#)). Workforce members should refer to [UMH Infection Prevention Work Restrictions for Staff with Infectious Disease](#) for guidance and may contact OHS if additional information or documentation is needed. Staff in OHS or IPE may need to review workforce member's health record or discuss work restriction requirements with a supervisor.¹
- I. Workforce members should report to OHS (by phone or e-mail) or through their supervisor, if they **have any of the following infectious diseases**, and where medically appropriate, should undergo testing, work restriction, and counseling for such diseases. University of Michigan health professional students may be directed to report to University Health Services for evaluation when ill. Staff in IPE may perform an exposure evaluation based on the specific illness.
1. Acute onset diarrhea or gastrointestinal illness
 2. Acute viral hepatitis (type A, B, or C)
 3. Chickenpox or disseminated herpes zoster (shingles)
 4. Tuberculosis
 5. Measles
 6. Mumps
 7. Rubella

8. Diphtheria
 9. Pertussis
 10. Scabies
- J. For other types of illness, workforce members may refer to the guidance in [UMH Infection Prevention Work Restrictions for Staff with Infectious Disease](#) and contact OHS if additional information or documentation is needed.
- K. Susceptible workforce members shall report to OHS any **work or community exposure** to the following infectious diseases, and where medically appropriate, should undergo testing, work restriction, and counseling for such diseases: Staff in IPE may perform an exposure evaluation based on the specific illness.
1. Acute onset diarrhea due to norovirus, *Salmonella*, *Shigella*, and shiga toxin-producing *Escherichia coli* (STEC) ([food handlers only](#))
 2. Acute hepatitis A ([food handlers only](#))
 3. Chickenpox or disseminated herpes zoster (shingles)
 4. Tuberculosis
 5. Measles
 6. Mumps
 7. Rubella
 8. Diphtheria
 9. Pertussis
 10. Scabies
- L. Compensation for paid workforce members who must remain off work should be in accordance with the Workers' Compensation System, the Standard Practice Guide and/or as stipulated in the applicable collective bargaining agreements. This may require the use of personal leave.
- M. Paid workforce members requiring time off work related to complications associated with mandatory vaccines administered as a result of these standards shall be compensated in accordance with the Workers' Compensation System. The need for time off work shall be determined by OHS in consultation with the workforce member's supervisor.
- N. Supervisors and senior leaders, Volunteer Services, the Office of Clinical Affairs, Human Resources Department, and the various hospitals and departmental educational programs should take joint responsibility for ensuring compliance with this policy.
- O. IPE is responsible for and coordinates evaluation of exposure risk, and OHS is responsible for and coordinates appropriate follow-up of workforce member exposures to communicable diseases. Blood or body fluid exposures are managed through OHS.
1. Supervisors provide information to OHS and/or IPE on exposed workforce members. IPE or OHS may notify a supervisor re: work restrictions if lab results indicate illness.
 2. First responders will be notified of any potential exposures by IPE or the Emergency Department. [See [UMHS Reporting of Communicable Diseases Policy, 04-06-005](#) for

blood/body fluid exposures.]

3. Outside facilities will be notified by IPE if the patient was transferred to Michigan Medicine with the illness and it was not known by the other facility.
- P. IPE/OHS may contact Patient Relations and Clinical Risk and/or the Department of Communication as appropriate. Workforce member privacy is protected to the extent possible (e.g., minimum necessary information is provided to carry out intended purpose).
- Q. Questions regarding exposure of workforce members to potentially infectious material shall be managed according to [Body Substance Exposure Procedure](#) through OHS. All exposures shall be assessed for risk of transmitting bloodborne pathogens and treatment recommended per OHS protocol. Staff should page #5356, 24 hours a day. OHS is open Monday through Friday, 7:00 a.m. – 5:00p.m.; at other times, the ED completes the evaluation and initial treatment in accordance with OHS protocols. OHS will provide appropriate instructions and recommendations for follow up.
- R. Prevention of Hepatitis B by active immunization should be performed in the following manner:
1. During the preplacement health assessment performed by OHS, all personnel will be assessed for their risk of exposure to blood/body fluids.
 2. Workforce members working in or transferring into an exposure-prone occupation area shall be provided information about Hepatitis B, risk of developing disease and Hepatitis B vaccine by OHS. Supervisors will be responsible for sending all transferred workforce members in exposure-prone occupations to OHS for a reassessment of their exposure risk. After being informed about the potential side effects, Hepatitis B vaccine will be administered without charge to eligible workforce members. Workforce members in exposure-prone occupations must either demonstrate immunity, start the vaccine series, or sign a declination as prescribed by the OSHA Bloodborne Pathogen Standard. (4) Workforce members who initially decline the vaccine will be counseled regarding benefits at each visit to OHS and may contact OHS regarding obtaining the vaccine at any time.
- S. Routine or mandatory HIV, HBV, and/or HCV testing of all workforce members is not recommended nor is it a requirement for employment. (3)
- T. Infected Workforce member (3)
1. If a workforce member has a communicable disease, IPE may perform an exposure investigation. This investigation may include discussing the illness and work restrictions with the workforce member's supervisor. Privacy is protected to the extent possible (e.g., minimum necessary information is provided to carry out intended purpose).
 2. The practices of workforce members who perform non-invasive procedures will be modified if there is clear evidence that the person poses a risk of transmitting an infection:
 - a. Through an inability to meet basic infection prevention and control standards or
 - b. Because of evidence of previous transmission of infection.
 3. Infected workforce members who perform invasive procedures should practice only

after evaluation of their knowledge and ability to adhere to recommended IPE practices. An advisory panel may be convened to assess risks of transmission and to make recommendations about practice restrictions. Failure to comply with the imposition of any practice restrictions subjects an infected workforce member to disciplinary action up to and including revocation of clinical privileges or termination.

4. Bloodborne Pathogens

- a. Workforce members are strongly encouraged to be aware of their HIV, HBV and HCV serologic status and seek treatment to reduce the risk of transmission of bloodborne pathogens to patients through unanticipated occupational exposures.
 - b. If a workforce member is infected with HIV, HBV, or HCV and performs invasive procedures that have been documented in the literature or in case reports to have resulted in transmission of bloodborne pathogens, s/he is encouraged to inform his/her chief or supervisor.
 - c. Workforce members who are infected with HIV, HCV or HBV should practice under the evaluation and monitoring of a medical practitioner who is an expert and experienced in the management of the disease. This medical expert advises the infected workforce member and discusses any practice restrictions that may be appropriate. When workforce member voluntarily reports his/her positive disease status, the Chief Nurse Executive for nurses and the Chief Medical Officer for all other workforce members shall make a decision regarding practice restrictions and any special precautions. Precautions are based on risk of transmission and an evaluation of the workforce member's knowledge and ability to adhere to recommended infection control practices. The workforce member's physician, the Hospital Epidemiologist and the supervisor should be consulted. An advisory panel may be convened to assess risks of transmission and to make recommendations about practice restrictions. Failure to comply with the imposition of any practice restrictions subjects an infected workforce member to disciplinary action up to and including revocation of clinical privileges or termination. Workforce members who are infected and perform non-invasive procedures will have their practices modified if they are unable to meet IC standards or there is evidence of transmission of infection.
 - d. Infected workforce members are not routinely required to disclose their HIV, HBV, or HCV status to patients. HIV, HBV, or HCV-infected workforce members who have exposed a patient to their potentially infectious body fluids shall inform OHS. Patients who are exposed will be informed of the exposure by the attending physician and follow-up measures to be taken.
- U. Written informed consent is not needed to test a patient's blood following a workforce member or first responder exposure to that patient's blood/body fluids, as long as the patient was notified of this possibility prior to receiving medical care. Michigan law states that a mechanism must be in place to inform patients prior to their receiving medical care.

V. Summary of Changes

This policy is up for 3 year review. Changed mandatory COVID-19 vaccination to strongly recommended. Work restrictions removed as exhibit and transitioned to stand alone policy. Added language to address short-term visitors. Workforce member exposure reporting: removed COVID-19 and influenza as well as Hep A for food handlers only. For workforce members reporting illness to communicable diseases requiring exposure follow-up, removed COVID-19, influenza, pink eye, staph/strep infection and unexplained pneumonia. Added links to health assessment, proof of immunity, COVID-19 CDC guidance, added URAC and ACHA to references and removed any redundant language. This replaces version of same name last updated 12/2023.

VI. References

1. Report of the Committee on Infectious Diseases. Red Book, 32nd Ed. Itasca, IL, AAP, 2021.
2. Centers for Disease Control and Prevention. Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services. 2019. (<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>)
3. *Michigan Legislature Acts 487 and 488 of 1988 and P.A. 200, 419 and 420 of 1994.*
4. *Occupational Exposure to Bloodborne Pathogens, OSHA 29 CFR 1910 State of Michigan, Occupational Health Directive No. 88-3.* OSHA Regulations (Standards - 29 CFR) Bloodborne pathogens. - 1910.1030 https://www.michigan.gov/leo/-/media/Project/Websites/leo/Documents/MIOSHA/Standards/General_Industry/GI_554/GI_554__04-27-21.pdf
5. [Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. US Public Health Service Guideline. Published by: The University of Chicago Press on behalf of The Society for Healthcare Epidemiology of America. *Kuhar et al \(2013:34\(91:875-892\)* URL: <http://www.jstor.org/stable/10.1086/672271>](#)
6. *Health Information Portability & Accountability Act Privacy Rule, 45 CFR 164.512(b).* <http://edocket.access.gpo.gov/cfr/2004/octatr/pdf/45cfr164.512.pdf>
7. Henderson, D., Dembry, L., Sifri, C., Palmore, T., Dellinger, E., Yokoe, D., . . . Babcock, H. (2020). Management of healthcare personnel living with hepatitis B, hepatitis C, or human immunodeficiency virus in US healthcare institutions. *Infection Control & Hospital Epidemiology*, 1-9. doi:10.1017/ice.2020.458
8. ACHC Standards Pharmacy. [ACHC SRXONLY_2023-04-05 \(1\) \(003\).pdf](#) (sharepoint.com)
9. URAC Specialty Pharmacy Accreditation Guide. [Specialty Pharmacy URAC v4.0 GUIDE 20201211 \(005\).pdf](#) (sharepoint.com)

VII. Exhibits/Attachments

None

VIII. Document Approval & Tracking

Author(s)/Consultant(s)	Infection Control and Epidemiology, Occupational Health, Human Resources	
Committee(s)/Endorsement(s)	Infection Control Committee Environmental, Social and Governance Committee of the Board (ESGCoB)	Y
Official Approver(s)	UMH President Executive Vice Dean for Academic Affairs Executive Vice President for Medical Affairs (EVPMA)	Y
Official Signature(s)	On PolicyStat Approval Workflow	

Approval Signatures

Step Description	Approver	Date
Environmental, Social and Governance Committee of the Board (ESGCoB)	Tony Denton: Senior Vice-President and Chief Environmental, Soc	11/12/2024
Executive Vice President for Medical Affairs (EVPMA)	Marschall Runge: McKay Professor, Executive Vice President for Medi [QV]	11/4/2024
Executive Vice Dean for Academic Affairs	Deb Weinstein: Executive Vice Dean for Academic Affairs, Professo	10/15/2024
UMH President	David Miller: President, University of Michigan Health System, E [MV]	8/30/2024
Infection Control Committee	Laraine Washer: Professor of Internal Medicine and Medical Directo [SH]	8/29/2024
PolicyStat Administrator Review	Olivia Curl: Admin Specialist Inter Health	8/28/2024
PolicyStat Administrator Review	Cathie Joynt: Project Senior Manager	8/28/2024
PolicyStat Administrator Review	Natalie Plata: Clinical Policy Manager	8/28/2024

Applicability

Michigan Medicine Administration, UMH Clinical

COPY