

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -
SHREVEPORT

EMPLOYEES WITH CHRONIC INFECTIONS

Purpose:

To delineate the policy of LSUHSC-S for employees with chronic infections.

Policy:

1. LSU Health Sciences Center seeks to provide reasonable accommodation to employees with chronic infectious conditions. The job status of a chronically infected employee is evaluated on a case-by-case basis. The employee's existing job status and opportunity for advancement are maintained unless it is determined that she/he cannot adequately and safely perform his or her duties. Occupational Health reviews this policy during New Employee Orientation and with each individual during the screening process.
2. Department Heads shall assure that the policy is made available to all staff.
3. Employees with chronic infectious condition(s) or abnormal or impaired functions of the immune system must inform Occupational Health of such conditions. After completion of the initial individual evaluation, a regular follow-up with each affected individual will be undertaken by Occupational Health. The frequency and method will be determined on a case-by-case basis. Health conditions include (but are not limited to:)
 - Group I: Chronic hepatitis (of any type) and/or infection with the human immunodeficiency virus. In addition, because of the potential for risk to themselves and others, employees with abnormal or impaired functions of the immune system are included in this group.
 - Group II: Recurrent or disseminated herpes zoster; herpes simplex infection of the fingers, hand, or other exposed skin surface (excluding routine oral or genital herpes).
 - Group III: Chronic or recurrent skin infections associated with drainage or pus; chronic or recurrent infection with any internal or external parasite (for example, roundworm or scabies); chronic or recurrent infectious diarrhea; infection with Salmonella or Shigella species; Tuberculosis or other mycobacterial infection.

4. The employee's health status and work situation, are initially evaluated by the Medical Director of Occupational Health. A Committee composed of the Chairman of the Infection Control Committee, the Medical Director of Occupational Health, the Hospital Epidemiologist, employee's Department Head and representative from Human Resources will further evaluate the health status and work situation of any employee categorized in Group I. A statement of the employee's work restrictions and reasonable accommodations will be sent to the Director of Human Resources. At the request of the Medical Director of Occupational Health or the affected employee, the Committee will further evaluate the health status and work situation of any employee categorized in Group II or Group III. In the performance of its duties, the Committee may seek assistance from outside expert sources.
5. If the evaluating Committee determines that the employee is able to adequately and safely perform his/her job duties, the employee's current job status is maintained. In making this determination, the Committee considers any reasonable accommodations or restrictions that can be made to enhance the employee's ability to adequately and safely perform his/her job duties. The employee's health status is monitored by the Medical Director of Occupational Health and his/her job status is re-evaluated by the Committee at intervals determined by the Committee on a case-by-case basis.
6. If the evaluating Committee determines that the employee is not able to adequately and safely perform his/her duties, even with reasonable accommodations or restrictions, appropriate counseling is provided. Various options, including but not limited to change in job assignment, medical leave, retirement, or dismissal, are considered as indicated by the specific circumstance of each case. The Director of Human Resources shall coordinate the management of this procedure.
7. The routine duties of their job may place employees with impaired function of the immune system at increase risk of infection. On request by the affected employee demonstrating a reasonable understanding of the applicable risk and desire to accept those risks in preference to a change in job assignment, that might otherwise be indicated, the Committee may elect to restrict its considerations of safety to those other than personal risk to the affected employee.
8. The Committee may consult with legal counsel, the employee's supervisor, the employee's personal physician, and/or outside experts, but otherwise, confidential information is not disseminated beyond the Committee without the employee's consent.

9. Return to Work:

The appropriate manager/supervisor of the affected employee will be consulted as needed for reintroduction into the work place, job modification and/or monitoring of the work environment. Appropriate in-service education as dictated by specific circumstances may be obtained from the Infection Control Department. If the affected individual is ascertained to be unable to perform his or her duties, appropriate counseling will be provided. Various options include, but are not limited to, changes in job, disability, retirement or release. These will be considered as indicated by the specific circumstances in each case. During the entire process, everything possible will be done to maintain the confidentiality and job status of the employee member.

10. Health Care Worker Who Exposes Patients

When a patient has an exposure to blood and/or body fluid of a health care worker, the HCW (source) must report the possible exposure to Occupational Health. A variance report is completed by the supervisor of the unit where the exposure occurs. The Medical Director of Occupational Health will ensure that HIV/HBV tests (and others as indicated) are ordered for the HCW. If the HCW tests positive then the patient's attending physician will be notified by the Occupational Health physician. Testing of the exposed patient will be the responsibility of the patient's attending physician at the time of the incident. The Infection Control Department will be notified immediately of the incident and will follow up with the patient's physician. Refer to the Policy for Exposure to Blood and Body Fluids for detailed information.

Administrator

Date

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