

3.09 - Post Exposure Monitoring of UTMB Employees for an Emerging Infectious Disease (EID)

Purpose To identify employees who have been exposed to an EID or a possible EID and to monitor those employees for signs and/or symptoms of an EID.

Audience UTMB employees who will have direct contact with patients with an EID or a possible EID.

Policy Statement: I. Monitoring healthcare workers (HCWs) exposed to a patient or coworker with an EID or a possible EID.

A. HCWs with unprotected exposures to an EID.

1. An unprotected exposure is defined as exposure to an EID patient where recommended infection control precautions were either absent or breached. Unprotected exposures may occur when in the patient's room, in face-to-face contact with a patient or when within 6 feet of the patient for ≥ 1 minute.
2. **For MERS-CoV, HCWs with unprotected exposures will be furloughed for 14 days on administrative leave. For H7N9 influenza, HCWs with unprotected exposures will be given oseltamivir (Tamiflu) 75 mg po once every 24 hours for 10 days and placed on administrative leave until completion of prophylaxis.**

B. HCWs who develop fever and respiratory symptoms consistent with an EID

1. If at home, the HCW should not come to work.
 - a. The HCW should call the Emergency Department (ED) and inform them that he/she needs to be seen for a possible EID. The ED will instruct the HCW where to report to the ED.
 - b. The HCW should avoid contact with other persons before arriving at the ED.
2. If at work, the HCW should immediately put on a surgical mask and leave the patient care area. The HCW should use infection control precautions such as washing hands or applying an alcohol hand rub and avoiding contact with other

persons.

- a. The HCW should immediately be evaluated for an EID.
 - b. Prior to presenting for healthcare, the HCW should call the ED.
 - c. The ED will instruct the HCW where to report at the ED.
- C. All HCWs who have worked with EID patients anywhere in the hospital with or without appropriate protective barriers.
1. **HCWs who have had contact with EID patients or possible EID patients will monitor themselves for fever and respiratory symptoms for 14 days after their last contact with a MERS-CoV or a possible MERS-CoV patient and for 10 days after their last contact with an H7N9 influenza or a possible H7N9 influenza patient.**
 2. HCWs will be instructed to take their temperature twice a day.
 3. Each HCW will record their temperature and any signs or symptoms of EID daily on a form (see attached appendix)
 - a. An HCW who develops fever and/or other symptoms will contact the ED for further evaluation (The HCW will be instructed where to report at the ED). The HCW will bring the form on which temperatures and signs and symptoms have been recorded with them to the ED.
 - b. If the HCW is diagnosed as a case of an EID or a possible case of an EID, the ED will notify Healthcare Epidemiology by phone 23192 or pager 409-643-3133).

Appendix

**Employee Monitoring Form
 for an Emerging Infectious Disease EID**

Name _____

Check and record temperature twice daily at 0800 and 2000 hours (8 AM and 8 PM). Please check Yes or No for each of the symptoms listed on the table below every day. If you develop fever (100° F or 37.8° C) and ≥ 2 symptoms from the list in the table below, if at work, notify your supervisor, don a surgical mask, practice hand hygiene and leave the worksite; if at home, remain at home and notify your supervisor.

	DATE	TEMPERATURE		SYMPTOM CHECK LIST							
		8 AM	8 PM	COUGH	SORE THROAT	RUNNY NOSE	MUSCLE ACHES	CHILLS	HEAD ACHE	VOMITING	DIARHEA
1				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
2				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
3				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
4				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
5				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
6				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
7				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
8				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
9				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
10				YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>