KINGDOM OF SAUDI ARABIA Ministry Of Health General directorate of Health Affairs AL-Baha

Mayyara General Medical Complex



المملكة العربية السعودية وزارة الصحة المديرية العامة للشئون الصحية بمنطقة الباحة مجمع ميارا الطبى العام

□ADMINISTRATE POLICY & PROCEDURE (APP)		☐ INSTITUTIONAL POLICY & PROCEDURE (IPP) ☐ INTERDEPARTMENTAL ☐ INTERNAL		
Т		POLICY NUMBER/V#		
Work Restrictions for Staff with Communicable Diseases			MMC – IPC – 10 (01)	
INITIATED DATE	EFFECTIVE DATE		REVISED DATE	
02/08/2025	01/09/2025		(01/08/2028
REPLACES NUMBER			N	O. OF PAGES
N/A			04	
APPLIES TO		RESPONSIBILITY		
ALL STAFF		ER and Infection Control Department.		

1. PURPOSE

- 1.1. To outline the work restrictions for health care staff exposed to or infected with communicable diseases.
- 1.2. To control the transmission of communicable diseases from health care personnel to patients.

2. DEFINITION

- 2.1. Disease/Illness: Any illness or condition that is transmissible under certain conditions to other persons.
- 2.2. Health Care Staff: Any staff whose work involves direct contact with the patient or patient environment.
- 2.3. Immunocompromised: A condition caused by various disease processes or medications where the body's immune system does not respond properly, such as AIDS, premature babies, patients undergoing chemotherapy

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3. RESPONSIBILITY

ER and Infection Control Department.

4. CROSS REFERENCES

Post-Exposure Management Policy

5. POLICY

This policy applies to all staff working in direct contact with patients or patient environments.

6. PROCEDURE

- 6.1. Health care staff that has a communicable disease or has been exposed to such illness or may be capable of transmitting the disease is required to be evaluated by the ER department during working hours.
- 6.2. It is the individual's responsibility to report known infection or exposure to a communicable disease to the ER.
- 6.3. If further investigations or actions are required the ER will communicate with the infection control department to perform exposure investigations for other staff in related work areas.
- 6.4. When indicated; the employee will be restricted from work duties for the length of times recommended by this policy. SEE Table 1-VI-04 below; summary of suggested work restrictions for healthcare personnel exposed to or infected with an infectious disease of importance in healthcare settings.

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Disease/Problem	Work Restriction	Duration	Notes
Conjunctivitis	Restrict from patient contact and contact with the patients' Environment.	Until discharge ceases.	

Cytomegalovirus infection	No restriction.		
Diarrheal diseases: Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with the patients' environment, or food handling.	Until symptoms resolve.	
Convalescent stage (Salmonella spp.)	Restrict from care of high-risk patients, such as Immune-compromised patients.	Until symptoms resolve; consult with employee health.	
Diphtheria	Exclude from duty.	Until antimicrobial therapy is completed and 2 cultures obtained >24 hours apart are negative.	
Enteroviral infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments.	Until symptoms resolve.	
Hepatitis A	Restrict from patient contact, contact with the patients' environment, and food handling.	Until 7 days after the onset of jaundice.	
Hepatitis B	Refer to specific MOH recommendation in policy ICM-VII-04 Management of Occupational Exposure to HBV, HCV, and HIV.	-	
Hepatitis C	Refer to specific MOH recommendation in IPP ICM-VII-04 Management of Occupational Exposure to HBV, HCV, and HIV.		
Herpes simplex:	No restriction		
Genital Hands (herpetic whitlow)	Restrict from patient contact and contact with the patients' environment	Until lesions heal.	
	Evaluate for need to restrict from care of high-risk patients	Consult with Employee Health.	
Orofacial	The property was a property and person to the property of the		
Measles: Active	Exclude from duty. Exclude from duty.	Until 7 days after the rash appears. From the 5th day after the 1st exposure	
Post-exposure (susceptible personnel		through the 21st day after the last exposure and/or 7 days after rash appears.	

Meningococcal meningitis	Exclude from duty.	Until 24 hours after the start of antibiotic therapy.	
Mumps: Exclude from duty. Active Exclude from duty. Post-exposure (susceptible personnel)		Until 9 days after the onset of parotitis. From the 12th day after the 1st exposure through the 26th day after the last exposure or until 9 days after the onset of parotitis.	
Pediculosis	Restrict from patient contact.	Until treated and observed to be free of adult and immature lice.	
Pertussis: Active Post-exposure (asymptomatic personnel)	Exclude from duty. No restriction, prophylaxis recommended; refer to policy ICM – VI-09, Management of	From the beginning of catarrhal stage through the 3rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy.	

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Post-exposure (symptomatic personnel)	Airborne and Droplet Infectious Disease Exposure in Healthcare Workers (Chickenpox, Measles, Rubella, Mumps, MTB, N. Meningitis, Pertussis). Exclude from duty.	Until 5 days after the start of effective antimicrobial therapy
Rubella: Active Post-exposure (susceptible personnel)	Exclude from duty Exclude from duty	Until 5 days after rash appears. From the 7th day after the 1st exposure through the 21st day after the last exposure and/or 5 days after rash appears.
Scabies	Restrict from patient contact.	Until cleared by medical evaluation.

10.REFERENCES

- 10.1. Prevention and control manual 2 nd edition (2013) by the Gulf Cooperation Council GCC Centre for Infection Control. Section 6, policy ICM-06-04 Work Restrictions for Infected Healthcare Workers
- 10.2. Association for Professionals in Infection Control (APIC) and Epidemiology, Inc. (2009). Chapter 26: Occupational health. APIC Text of infection control and epidemiology (3rd ed.)
- 10.3. Center for Disease Control and Prevention (CDC). (Last review 5/2/2001) Immunization of healthcare workers: recommendation of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Control Practices Advisory Committee (HICPAC)

11. APPROVAL:

APPROVALS & REVIEWS:			
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