Title: Occupational Health Communicable Disease/Contagious Condition Policy

- I. Policy: Employees and volunteers of the Stockbridge-Munsee Community and Mohican North Star Casino (jointly referred to as the "Tribe") will have work restrictions in accordance with this policy while infectious with a communicable disease or other contagious condition that can be transmitted in an ordinary work setting. The identification and control of communicable diseases or contagious condition are a cooperative effort between the employee, department managers, and the Occupational Health Department.
- **II. Purpose:** To control and prevent the spread of communicable disease or contagious conditions from the Tribe's employees and volunteers to clients, visitors, customers or to other staff members in a way that protects, to the extent possible, both public health and individual rights and ensures a safe workplace.

III. Definitions

- A. Communicable Disease Illness that results from the infection, presence and growth of pathogenic biologic agents in an individual human.
- B. Contagious Condition Infection or infestation with insects, fungi or other conditions that can be spread between people in casual contact or spread to tribal facilities as part of work operations. This can include conditions such as lice and bed bugs.

IV. Role of Occupational Health

- A. The Occupational Health Department (OH) will be responsible to maintain a current Communicable Disease/Infection Condition policy for the Tribe.
- B. OH is responsible for the education of employees and volunteers regarding communicable disease/contagious condition policy.
- C. The Occupational Health Department shall assume responsibility for ensuring that employees comply with all applicable rules and regulations regarding work restrictions and return to work.
- D. The OH Department will monitor Center for Disease Control (CDC) guidelines and work with Stockbridge-Munsee Health and Wellness Center (SMHWC) medical staff to make changes on work restrictions for communicable diseases and contagious conditions when they occur.

V. Procedure

- A. The Tribe, acting through OH, will respond on a case-by-case basis to review, evaluate, and respond to known suspected or confirmed instances of communicable disease and/or other contagious condition.
- B. Employees must promptly notify their supervisor and/or OH when they have been diagnosed with a communicable disease and/or contagious condition that can be transmitted in an ordinary work setting. If a supervisor is notified, then the supervisor shall promptly notify OH. OH will coordinate with the employee to obtain a medical excuse in relation to the diagnosis.

- C. An employee is required to comply with tribal attendance policies; however, the Tribe will follow this policy for employees who are if symptomatic of a communicable disease or contagious condition. Volunteers must also comply with the restrictions on providing services with the Tribe as outlined in this policy.
- D. Managers/employees are to notify OH immediately if they learn a staff member, volunteer, customer or visitor to the at the workplace is diagnosed with a communicable disease or contagious condition.
- E. The Tribe has identified and will apply the work restrictions listed in this policy for communicable diseases or contagious conditions in order to prevent employees or volunteers from accidentally or purposefully exposing a client, visitor, customer or other employees to such disease or condition.
- F. Any employee or volunteer that is absent due to a communicable disease or contagious condition must be deemed free of the disease or condition and/or non-transmissible to others, as appropriate based on the disease or condition, before returning to work. A health care provider's release for return to work must be presented to be able to return to work.

VI. Work Restrictions

- A. The Tribe has established standardized work restrictions for many communicable diseases and/or contagious conditions. Such work restrictions are intended to limit work when a person is infectious and/or considered a threat to health or safety.
- B. While the Tribe intends employees be treated consistently in employment, it recognizes that the work restrictions may be adjusted on a case-by-case basis due to the individual's health status, healing process, and the nature of their job or work setting.
- C. Work restrictions identified in this policy may be subject to change based on then current clinical recommendations and guidance.
- D. This is not an exhaustive list. The Tribe reserves the right to take all necessary and appropriate actions to control exposure to these or other communicable diseases.
- E. The Tribe normally applies the following work restrictions for each of the identified diseases and/or contagious conditions.
 - a. Chicken Pox (Varicella):
 - Active: No employee will work with the disease until all pox lesions are crusted over.
 - **Post exposure (susceptible personnel):** Employees will not work from the 10th day after first exposure through the 21st day (28th day if Varicella-Zoster immune globulin (VZIG) administered) after last exposure
 - b. **Bed Bugs**: If an employee becomes aware of a confirmed bed bug infestation where they live, the employee is to contact Occupational Health or the appropriate Human Resource Department before reporting to work.
 - c. Conjunctivitis (Pink Eye):¹
 - **Bacterial:** Employees can return to work 24 hours after treatment has started, as long as symptoms have improved.

¹ Legislative Note: While overall approach remains the same, added reference to common name, "pink eye," and clarified language about the distinction between requirements for bacterial and viral conjunctivitis.

- Viral: Employees will not work until they have a signed release from a physician that they are no longer contagious. (Employees are considered contagious until all symptoms resolve.)
- d. COVID-19:
 - Testing: If an employee tests positive using an at-home test, then the employee must contact Occupational Health and their supervisor/manager or Human Resources to report the test result. The employee should follow-up with their healthcare provider or the Stockbridge-Munsee Health and Wellness Center as appropriate for treatment.
 - Positive COVID-19 Test:
 - The employee may not come to work for 5 days from the onset of symptoms. Day 1 is the 1st full day after symptoms started.
 - If employee remains symptomatic after 5 days, then the employee will need to be reassessed by Occupational Health before the employee can return to work.
 - Once the employee returns to work, the employee must wear a mask while at work for the next 5 days.
- e. Cytomegalovirus Infection: No restrictions on work
- f. Diarrheal disease:
 - Active (diarrhea with other symptoms): Restricted from direct contact with people and are prohibited from food-handling until symptoms resolve.
 - **Convalescent stage, Salmonella species:** Restricted from direct contact with people. Must obtain approval from Shawano Health Department or a signed slip from their health care provider that they are not contagious to people before they are able to return to work.
- g. **Diphtheria:** An employee must be off work until the virulent bacilli are no longer present (2-4 weeks).
- h. **Draining Wounds:** An employee with a draining wound may not work until a physician determines the causative bacteria and the employee has been on treatment medication for 24 hours. All draining wounds must be covered with a clean bandage during work periods.
- i. Enteroviral Infection: Restricted from direct patient care and their environment until fever has been absent for 24 hours and blisters are dry. (Example: Hand Foot and Mouth Disease. Highly contagious.)²
- j. Gastrointestinal illnesses caused by, Shigella, Giardia or other food-borne illnesses: Employees diagnosed with any of these illnesses will not work until they have a signed release from a physician that they are not contagious.
- k. Hepatitis:
 - **Hepatitis A:** Restricted from contact with people and food handling until seven (7) days after onset of jaundice. Must have clearance from their health care provider to return to work.

² *Legislative Note*: While overall approach remains the same, added reference to an example of an enteroviral infection, "hand foot and mouth disease," and clarified the requirement about when can return to work. Also added note that these diseases are highly contagious.

- Hepatitis B (personnel with acute or chronic Hepatitis B antigenemia who perform exposure-prone procedures): An employee will not perform exposure-prone invasive procedure until Hepatitis B e antigen is negative. Standard precautions will be observed with all patients.
- Hepatitis B (personnel with acute or chronic Hepatitis B surface antigenemia who do not perform exposure-prone: No restrictions. Standard precautions will always be followed.
- **Hepatitis C:** No restrictions on work activity unless epidemiologically linked to transmission of infection.
- 1. **Headlice/nits:** No employee will be permitted to work with nits or headlice present in the employee's hair.
- m. Herpes Simplex:
 - Genital- No restrictions.
 - Hands (herpetic whitlow)- Restricted from direct contact with people and their environment until lesions are healed.
 - **Orofacial-** Employees will not be able to care for people at high risk until lesions are healed. For employees not giving direct care, please see Occupational Health.
- n. Human immunodeficiency virus (HIV):
 - Workers in positions with no to little potential to cause exposure to **bloodborne pathogen:** No restrictions.
 - Workers who perform exposure-prone procedures: Employees who are HIV positive will not be permitted to perform exposure-prone invasive procedures. Employees will be evaluated as to job duties he/she can perform without exposing people.
- o. **Impetigo:** Employees can return to work 24 hours after the start of effective treatment.
- p. **Influenza:** Employees will not be permitted to work for 5 days after a confirmed positive influenza test, whether they have been prescribed Tamiflu or not.
- q. Measles (Rubeola):
 - Active: Employees will not be permitted to work for 7 days after the rash appears.
 - **Post Exposure (susceptible personnel):** Employees will not be permitted to work 5 days after exposure through the 21st day after last exposure, or 4 days after rash appears.
- r. **Meningococcal Infections:** An employee will be required to be off from work for 24 hours after the start of effective treatment.
- s. **Mononucleosis-** Employees may not return to work until they have clearance from a physician.
- t. Mumps:
 - Active: An employee may return to work 9 days after the onset of parotitis (swelling in the neck).
 - **Post Exposure:** If the employee has no evidence of mumps immunity and has been exposed to patients with mumps, the employee should be

excluded from duty from the 12th day after exposure through the 26th day after last exposure.

- u. **Polio:** An employee diagnosed with polio may not work for 1 week with the polio virus in the throat, and for 4-6 weeks with the polio virus in feces.
- v. Pertussis:
 - Active: Employees who have pertussis will remain off from work until the paroxysms (coughing/choking episodes) subside (approximately 4 weeks or until 5 days after the start of effective antibiotic treatment).
 - **Post Exposure (asymptomatic personnel):** Staff may not work until 5 days after start of effective antibiotic treatment.
- w. Rubella:
 - Active: Staff will not be permitted to work until 5 days after the rash appears.
 - **Post Exposure (susceptible personnel):** Staff will not be permitted to work from the 7th day after first exposure through 21st day after last exposure.
- x. **Scarlet Fever:** No employee will work for 10 days after clinical illness develops.
- y. **Streptococcal Infection:** An employee diagnosed with Strep A will be off from work until he/she has been on an antibiotic for a minimum of 24 hours.
- z. Tuberculosis (TB):
 - Active: (See Tribal Tuberculosis Infection Control Plan for additional information) An employee with active TB will be off work until 2 negative sputum specimens for acid fast bacillus have been obtained.
 - **Purified Protein Derivative (PPD) Converter:** No restrictions.
- aa. **Scabies:** All employees with known scabies can return to work 24 hours after the start of effective treatment.
- bb. Staphylococcus aureus (Staph) Infection or MRSA Infection (Methicillinresistant Staphylococcus aureus):
 - Active Staph Infection: Employees can return to work:
 - After being on antibiotics for 24-hours; and
 - Wound or infected site is covered appropriately with no visible drainage; and
 - Employee does not have a fever.
 - Active MRSA Infection:
 - Employee will not be permitted to work until they have a signed release from a physician clearing the employee to work.
 - In addition, employee must have been on antibiotics for at least 24-hours and not have a fever in order to return to work.
 - Employee must not have any wound drainage and the wound site must be properly covered and contained with a clean dry bandage while at work.
 - Employees with the active infection should have no direct skinto-skin contact with patients until their infections are healed.
 - **Carrier State:** No restrictions unless the personnel are epidemiologically linked to transmission of the organism.

- cc. Viral Respiratory Infection, acute febrile: Employees with viral respiratory infection which is acute, will not be permitted to work until acute symptoms resolve.
- dd. Zoster (Shingles):
 - Localized: Employees will be required to cover lesion until all lesions dry and crust. Employees will not be permitted to be in close contact with high risk people (including those susceptible to varicella and those who are at increased risk of complications of varicella, neonates and immunocompromised person of any age.)
 - Generalized or localized in immunosuppressed persons: Employee contact with other people is restricted until all lesions have become dry and crusted.
 - **Post exposure-susceptible personnel:** Employee contact with other people will be restricted from the 10th day after first exposure through the 21st day (28th day if VZIG (varicella zoster immune globulin) administered) after last exposure, or if varicella occurs, when lesions crust and dry.

VII. Special MMR Vaccination Requirements

- A. All employees starting employment at Ella Besaw Center, Elderly, EMS, Head Start, Public Safety or Stockbridge-Munsee Health and Wellness Center, as well as volunteer with these departments, as part of orientation, will be requested, if available, to provide one of the following:
 - 1. Evidence of two MMR (Measles, Mumps and Rubella) vaccinations.
 - 2. Documentation of physician-diagnosed MMR disease.
 - 3. Laboratory evidence of MMR immunity.
- B. Any employee born prior to 1957 with no proof of previous MMR vaccinations or evidence of immunity, determined by blood drawn titer, is recommended to receive one (1) MMR vaccination by their own physician. No follow up blood drawn titer will be required.
- C. Any employee born after 1957 with no proof of previous MMR vaccinations or evidence of immunity, determined by a blood drawn titer, is recommended to receive two (2) MMR vaccinations, to be given one (1) one month apart, by their own physician.
- D. If an employee does not have proof of previous MMR vaccination or evidence of immunity, and would like the MMR vaccination, it will need to be given by the employee's own physician. The Occupational Health Department will not be providing the MMR vaccination.
- E. Due to possible occupational exposure it is highly recommended, but not required, for the employee to receive the MMR vaccination. If the employee refuses or does not have proof of immunizations or immunity, they will be required to sign a declination for the vaccination they are declining.

VIII. Varicella and Hepatitis B Vaccination Documentation Requirements

- A. All employees starting employment at the Ella Besaw Center, Elderly, EMS, Head Start, Public Safety or Stockbridge-Munsee Health and Wellness Center will be requested, if available, to provide proof with one of the following documentations:
 - 1. Evidence of Varicella and Hepatitis B vaccinations.
 - 2. Documentation of physician-diagnosed Varicella disease (only)
 - 3. Laboratory evidence of Varicella immunity and Hepatitis B positive reaction

- B. If the employee titer determines they are not immune to Varicella or they do not have documentation of immunization of history of active disease, then the employee will have the option of declining the vaccination or schedule to have the vaccination given by their own provider. This will be at the cost of the employee.
- C. Due to possible occupational exposure it is highly recommended, but not required, for the employee to receive these vaccinations. If the employee refuses vaccination, then the employee will be required to sign a declination form for the vaccinations they are declining.
- D. The Occupational Health Department will only provide the Hepatitis B vaccinations at no cost to the employee. The Varicella vaccination will need to be given by the employee's own physician, at their own cost.

IX. Confidentiality and Reporting

- A. The Tribe recognizes employees are entitled to confidentiality in relation to health information without the employee's consent without otherwise provided by law. To the extent it holds and can use health information, it does so with the intent of protecting its employees and the public as well as mitigating risk due to exposure to a communicable disease or contagious condition.
- B. The Tribe will handle information related to a communicable disease or contagious condition with the same level of care and sensitivity due to other occupational health information and shall not disclose information further than necessary to ensure health and safety.
- C. Based on the type of communicable disease or contagious condition, the Tribe may have an obligation to report it to tribal, state and/or federal authorities. Unless such reporting is addressed by a health provider, OH will be responsible to process such reports for the Tribe as employer.

X. Records

- A. All communicable disease and contagious condition records for employees of the Tribe are kept in their Occupational Health employee file, which is secured at the Stockbridge-Munsee Tribal Administration Building.
- B. Employee medical records will be retained for at least the duration of employment plus 30 years.

XI. TB Requirements

A. See, Occupational Health Policy #OH-001.

XII. Bloodborne Pathogen Requirements

A. See, Occupational Health Policy #OH-003.