

Hospital Epidemiology and Infection Prevention and Occupational Health Services
Appendix A: Table of Illness / Infections and Related Work Restrictions

(Note: more restrictive Unit Specific Policies may supersede this table)

Illness/Infection	Work Restriction	Duration	OHS Return to Work Required
Acute Febrile illness caused by any infection (excluding Acute Respiratory Infection, <i>see below</i>)	May not work	Until at least 24 hours have passed with no fever (without use of fever-reducing medicines) and other symptoms significantly improved	No
Acute Respiratory Infections with respiratory symptoms such as cough, rhinorrhea, wheezing, fever, etc. and/or for diagnosed (positive test) infections (eg. COVID, Influenza, RSV, etc.)	May not work <i>(Take the Digital Screener for detailed guidance)</i>	Until at least 3 days have passed since symptom onset or positive test (day 0) and at least 24 hours have passed with no fever (without use of fever-reducing medicines), symptoms are significantly improved, and they feel well enough to return to work. Return on day 4 or later. <ul style="list-style-type: none"> Wear a facemask for source control in all patient care and common areas of the facility (e.g. breakrooms) for at least 10 days after symptom onset or positive test (if asymptomatic), if not already wearing a facemask as part of universal source control masking. 	No
Conjunctivitis	May not work	Until eye discharge resolves	Yes
Coxsackievirus (Enterovirus spp.)	May not work	Until 7 days post-onset of symptoms and open wounds are healed	Yes
Cytomegalovirus	Only for acute illness	Until fever and other symptoms resolve	Yes
Dermatitis of hands/forearms	May not work (hands-on patient care)	Until cleared by OHS	Yes
Diarrhea: acute onset with other symptoms a. Patient care personnel b. Food handlers	a. May not work b. May not work	a. Until cleared by OHS b. Duration of illness (see Nutrition & Dietetics policy)	a. Yes b. Yes
Draining wounds: a. Hands, arms, face b. Other areas if covered by clothing	a. Remove from patient care or food handling b. May work	a. Until cleared by OHS b. Keep area well covered	a. Yes b. No

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Group A Strep Infection a. Active b. Suspected	a. May not work b. May not work	a. 24 hours after antibiotic treatment started and symptoms have improved b. Until infection ruled out	a. No b. Yes
Hepatitis A	May not work	From diagnosis to 7 days after onset of jaundice	Yes
Hepatitis B: a. Acute b. Chronic active/carrier	a. OHS evaluation & counseling b. OHS counseling is available	a. Per evaluation by OHS b. N/A	a. Yes b. No
Hepatitis C: a. Acute b. Chronic active/carrier	a. OHS evaluation & counseling b. OHS counseling is available	a. Per evaluation by OHS b. N/A	a. Yes b. No
Herpes simplex: a. Genital b. Hands (whitlow) c. Facial	a. Good hand hygiene b. No direct patient care c. Mask (covering all lesions) for direct patient care	a. N/A b. Until lesions dry and crusted c. Until lesions dry and crusted	a. No b. Yes c. No
HIV/AIDS related infections	None unless otherwise noted in this table. Confidential counseling available through OHS and (Dentistry) Dean's Advisory Committee on Health and Safety	N/A	No
Measles: a. Active / suspected b. Post-exposure in non-immune host or unknown c. Post-exposure in immune host	a. May not work* b. May not work c. May work	a. Until 4 days after rash appears and afebrile (*if immunocompromised excluded for duration of illness) b. From day 5 after first exposure through day 21 after last exposure regardless of whether Immune Globulin (IVIG) or vaccine given postexposure c. N/A	a. Yes b. Yes c. No
Mumps: a. Active / suspected b. Post-exposure in non-immune host c. Post-exposure in immune host	a. May not work b. May not work c. May work	a. Until 5 days after onset of parotitis or symptoms b. From day 10 after first exposure through day 25 after last exposure c. N/A	a. Yes b. Yes c. No

OHS = Occupational Health Services, N/A = Not Applicable

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Pertussis: a. Active / suspected b. Post-exposure & symptomatic c. Post-exposure & asymptomatic	a. May not work b. May not work c. May work*	a. From beginning of cold/flu symptoms until 5 days after start of appropriate antibiotics b. Until completion of 5 days of appropriate antibiotics (or 21 days if not on antibiotics) c. May require post-exposure prophylaxis for work with high-risk populations or personal high risk (*if not receiving prophylaxis may be furloughed if working with high-risk population for 21 days after last exposure)	a. Yes b. Yes c. Yes
Rash	May not work until medical evaluation	Depends on cause of rash	Yes
Rubella: a. Active / suspected b. Post-exposure in non-immune host c. Post-exposure in immune host	a. May not work b. May not work c. May work	a. Until 7 days after rash appears b. From day 7 after first exposure through day 23 after last exposure c. Monitor symptoms from day 7 after first exposure through day 23 after last exposure	a. Yes b. Yes c. No
Scabies / Lice (see section 8.3)	May not work	24 hours after appropriate treatment	Yes
Varicella: a. Active / suspected (chickenpox / disseminated zoster) b. Post-exposure in non-immune host c. Post-exposure in immune host d. Post vaccine with rash and/or fever e. Localized zoster / shingles: 1) face & hands 2) chest, back, abdomen, or legs	a. May not work b. May not work c. May work d. May not work e. 1) May not work 2) May work if lesions can be completely covered	a. Until all lesions are dry and crusted b. From day 8 after first exposure through day 21 after last exposure c. Must monitor symptoms from day 8 after first exposure through day 21 after last exposure d. Must not work if febrile or rash appears, then off until lesions dry and crusted e. 1) Until lesions are dry and crusted 2) N/A	a. Yes b. Yes c. Yes d. Yes e. 1) Yes 2) Yes

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Infected or colonized with any organism that has been associated with recent horizontal transmission at UCSF.	May not work or may be restricted from direct patient care and other duties	Until treated <u>and</u> pathogen is eradicated	No

Last Revised 7/2002, 1/2004, 4/2004, 3/2011, 7/2022, 2/2025

Reviewed by HEIP, OHS

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