**PURPOSE:**

Nosocomial transmission of H. influenza or meningococcal disease to hospital personnel is **UNCOMMON**. In rare instances transmission to personnel from patients has occurred through direct contact with respiratory secretions without use of proper personal protective equipment (PPE). In the event of an exposure, CHLA personnel who have had unprotected (no mask or protective barriers) direct contact with the patient are responsible for obtaining appropriate prophylactic medication, by prescription, through Employee Health Services, or from the Infectious Disease physician on call when Employee Health Services is closed.

The purpose of the present policy is to define Direct Contactand set guidelines in obtaining recommended prophylaxis if indicated. Suspected and/or confirmed cases of the stated diseases will be reported to LACDPH in accordance with California Code of Regulations (CCR) Title 17, as referred to in policy IC-205.

**DEFINITIONS:**

Household Contacts: Family members and siblings of patients who have had contact with the patient's oral secretions (i.e.: kissing, sharing of food, beverages or utensils)

Day Care or Nursery School Contacts: Classmates or teachers who have had contact with the patient's oral secretions.

Medical Personnel Contacts: Persons who have had unprotected direct contact with infected patient’s droplets or oral secretions.

1. Unprotected- not appropriately masked for Combined Droplet precautions
2. Direct- mouth to mouth resuscitation, endotracheal intubation, endotracheal tube management, close examination of the pharynx, or potential exposure to a patient’s droplets.

**PROCEDURES:**

1. Report exposure to unit Supervisor/Manager
2. Post exposure prophylaxis is indicated for staff who have had direct contact with infected patients.
3. Prophylaxis should be initiated as soon as possible, ideally within 24 hrs. of diagnosis of the primary or suspected case
4. Employee Health Services will provide prescriptions for prophylaxis during regular business hours.
   1. Refer to **IC-604A** for prophylactic dosing guidance.
   2. During evening and night hours, the Infectious Disease physician on call can be called for consultation on the extent of the exposure and provide recommendations to obtain prophylactic treatment.
5. Employee Health Services will provide follow up to employee and maintains all records

**REFERENCES:**

1. CDC, HICPAC. “Guidelines for Hospital Employee Health". Fed Reg Nov. 1998
2. Am. Academy of Pediatrics "Report of the Committee on Infectious Diseases - The Red Book," 2018-2021
3. Control of Communicable Diseases Manual. 20th Edition. Chin J. editor. APHA. 2014
4. LAC/DHS/ACD "Meningococcal and H. flu B Invasive Disease" Guidelines, 2019
5. Occupational Health, Chapter 100. APIC Text of Infection Control and Epidemiology. 2014
6. [IC – 205.0 Communicable Disease Control Reporting](https://secure.compliance360.com/ext/CvtsVmgiF9G-fZJaXp09Qg==)

**POLICY OWNER:**

*Director, Accreditation & Licensing, Infection Prevention, and Emergency Management*