

Office of Origin: **Occupational Health Services**

I. PURPOSE

UCSF Medical Center and UC Benioff Children's Hospital (collectively known as UCSF Medical Center) is committed to providing a safe and healthy workforce. To that end UCSF Medical Center utilizes Occupational Health Services to assess employees returning from a medical leave of absence for their ability to perform their essential job functions, to ensure that they are not a health or safety risk to co-workers, the public or patients, and to execute this in a manner consistent with State and Federal law, including the Americans with Disabilities Act and the California Fair Employment and Housing Act.

II. REFERENCES

California Assembly Bill 2222

Americans with Disabilities Act

California Title XXII

[UC Personnel Policies for Staff Members Absence from Work Policies](#)

[UCSF Medical Center Infection Control Manual, Policy 3.2 Health Care Workers with Infections](#) and [Policy 3.2a Appendix A Table of Illness/Infections and Related Work Infections](#)

[Administrative Policy 4.02.06 Transitional/Modified Work Program](#)

III. DEFINITIONS

ADA: Americans with Disabilities Act

DMS: Disability Management Services

OHS: Occupational Health Services

Transitional Work: Work designed to support an employee's recovery with the goal and expectation that the employee will resume all of their essential job duties and functions following the period of transitional work.

Work-related: Injuries or illnesses arising out of or in the course of employment at the Medical Center for which a claim has been filed for workers' compensation benefits.

Work Status Form: A form issued by UCSF Occupational Health Services describing any work restrictions.

IV. POLICY

- A. It is the policy of UCSF Medical Center to require a medical clearance for employees who have been absent from work due to injury or illness and meet one of more of the following conditions:
1. Are unable to return to full duty;
 2. Request a reduction of hours or days, schedule change, change in assignment, or any kind of work restriction;
 3. Require the use of special equipment or devices that may interfere with their ability to perform their essential job functions or present a safety hazard to others or, for employees in the patient care environment, present an infection control hazard to patients;
 4. Have been absent with a contagious disease as outlined in Infection Control Manual [Policy 3.2 Health Care Workers with Infections](#) and [Policy 3.2a, Appendix A Table of Illness/Infections and Related Work Infections](#).
 5. Have an extended absence for non-work related medical reasons, excluding uncomplicated maternity leave, of more than ten (10) consecutive calendar days or, at the discretion of the Medical center, fewer days;
 6. Have an absence of more than three (3) consecutive calendar days for a work-related injury for which they are being treated for outside of Occupational Health Services.
- B. The evaluation shall be completed prior to the employee returning to their work assignment.
- C. The specific nature of an employee's personal health problem(s) must remain confidential and may only be released to the supervisor with the employee's written consent.
- D. Occupational Health Services will provide work status information to management, however, consisting of whether or not an employee is able to perform his/her job, and whether or not any job restrictions will be necessary.

V. PROCEDURES

- A. General
1. Employees meeting the conditions listed in Section IV.A above will make every attempt to schedule an appointment prior to their release date to avoid delays in returning to work. They must provide Occupational Health Services with a written release from their medical provider indicating work status and date of release. If released with recommendations for job restrictions, the note must (1) indicate whether the restrictions are temporary or permanent, (2) list

the specific restrictions prescribed, and (3) specify the beginning and end dates.

2. Managers and employees may contact Occupational Health Services for a consultation when an employee returns to work following an illness or injury but does not appear to be able to perform the essential functions of his/her job.
3. Please note any release notes from health care providers that contain any sensitive information such as diagnosis or any kind of medical information cannot be kept in the personnel files in the Department nor in Human Resources. Forward these to Occupational Health Services at Box 1661 for inclusion in the confidential medical file.
4. All medical records are confidential per appropriate State and Federal Statutes and in accordance with University policies and procedures.

B. Responsibilities

1. Managers

- a. Inform staff about this policy and ensure that health care worker staff are familiar with the [Infection Control Manual Policy 3.2a, Appendix A Table of Illnesses/Infections and Related Work Restrictions](#), which is shown at Appendix A of this document.
- b. Require employees who meet the criteria listed above to obtain clearance through Occupational Health prior to returning to work (Section IV, A, 1-6).
- c. Maintain current job descriptions which delineate essential job descriptions and which describe the physical requirements and essential performance criteria for position.
- d. Ensure that employees adhere to the time frame listed on the Work Status form should employees return with temporary work restrictions.
- e. Contact Disability Management for employees with permanent restrictions.

2. Employees

- a. Health Care Worker staff are responsible for staying current with requirements listed in [Infection Control Manual Policy 3.2a, Appendix A Table of Illnesses/Infections and Related Work Restrictions](#), which is shown at Appendix A of this document.
- b. Obtain an appropriate release note from their healthcare provider and bring a copy to Occupational Health at the time of their appointment.

- c. Anticipate the date they are returning to work and make an appointment in advance of that date to avoid delays in returning to work.
 - d. Adhere to any work restrictions prescribed by Occupational Health Services.
 - e. Participate in an interactive process facilitated by Disability Management Services when reasonable accommodations are required or requested upon return to work following illness or injury.
3. Occupational Health Services:
- a. Provides timely return-to-work evaluations and work status forms.
 - b. Evaluates employees based on essential job functions of the employee's position and in accordance with UCSF Medical Center policies.
 - c. Maintains employee confidentiality.
 - d. Collaborates closely with Infection Control, Human Resources, Employee and Labor Relations, Disability Management and department manager in the evaluation of complex return-to-work issues when indicated.

VI. RESPONSIBILITY

Questions regarding this policy may be directed to Human Resources, Labor Relations or Occupational Health Services. Specific questions regarding [Infection Control Manual Policy 3.2a, Appendix A Table of Illnesses/Infections and Related Work Restrictions](#) may be addressed to Infection Control or Occupational Health Services.

VII. HISTORY OF POLICY

Drafted August 2004 by Diane Vogeley, Occupational Health Services

Reviewed September 2004 by Policy Steering Committee

Reviewed January 2005 by David Odatto, Executive Director, Human Resources

Reviewed February 2005 by the Strategic Leadership Council

Approved March 2005 by Mark R. Laret, CEO

Revised June 2010 by Michael Coleman, Workers' Compensation Manager

Reviewed and Approved September 2010 by Jennifer Hermann, Director of Human Resources

Reviewed and Approved April 2011 by Rita Ogden, Director of Occupational Health

Reviewed and Approved April 2011 by Legal Affairs

Reviewed and Approved May 2011 by Policy Steering Committee

Reviewed and Approved May 2011 by David Odatu, Chief Administrative Officer and Mark R. Laret, CEO

Reviewed and revised (with non-substantive edits) June 2014 by Erin Andersen, NP, Administrative Director of Occupational Health

Reviewed and approved June 2014 Jennifer Hermann, Executive Director of Human Resources on behalf of the Policy Steering Committee

VIII. APPENDIX

A. Table of Illnesses/Infections and Related Work Restrictions

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Appendix A

Table of Illnesses/Infections and Related Work Restrictions

(Unit specific policies supersede this table)

[Key: OHS = Occupational Health Services, N/A = Not Applicable]				
<i>Illness/Infection</i>		<i>Work Restriction</i>	<i>Duration</i>	<i>OHS Return to Work Required</i>
Acute febrile illness caused by any infection		May not work—Refer to Stay Home/Return to Work Guidelines http://www.occupationalhealthprogram.ucsf.edu/Forms/UCSF_Stay_at_Home_Return_to_Work_Guidelines.doc	Until afebrile for 24 hours and other symptoms significantly improved.	yes
Conjunctivitis		May not work	Until discharge ceases	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	a. May not work	a. Until cleared by OHS	a. yes
	b. Food handlers	b. May not work	b. Duration of illness (see Nutrition & Dietetics policy)	a. yes
Draining wounds:	a. Hands, arms, face	a. Remove from patient care or food handling	a. Until cleared by OHS	a. yes
	b. Other areas if covered by clothing	b. May work	b. Keep area well covered	b. no
Group A Strep Infection		May not work	24 hours after treatment started and with symptom improvement	no
Hepatitis A		May not work	From diagnosis until 7 days after onset of jaundice	yes
Hepatitis B:	a. Acute	a. OHS evaluation & counseling	a. Per evaluation by OHS	a. yes
	b. Chronic active/carrier	b. OHS counseling is available	b. N/A	b. no
Hepatitis C:	a. Acute	a. OHS evaluation & counseling	a. Per evaluation by OHS	a. yes
	b. Chronic active/carrier	b. OHS counseling is available	b. N/A	b. no
Herpes simplex:	a. Genital	a. Good hand hygiene	a. N/A	a. no

Appendix A (continued)
Table of Illnesses/Infections and Related Work Restrictions
(Unit specific policies supersede this table)

<i>Illness/Infection</i>		<i>Work Restriction</i>	<i>Duration</i>	<i>OHS Return to Work Required</i>
Herpes simplex:	b. Hands (whitlow)	b. No direct patient care (<1 year children with eczema/burns, immunocompromised patients of any age)	b. Until lesions dry and crusted	b. yes
	c. Facial	c. Mask for direct patient care	c. While lesions are draining	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	a. May not work	a. Until 4 days after rash appears and afebrile	a. yes
	b. exposure in susceptible host or status unknown (pending titer)	b. May not work	b. From day 5 through day 21 after exposure regardless of whether Immune Globulin or vaccine given postexposure	b. yes
Mumps:	a. active	a. May not work	a. Until 9 days after onset of parotitis	a. yes
	b. postexposure in susceptible host	b. May not work	b. From day 12 through day 25 after exposure	b. yes
Pertussis:	a. active	a. May not work	a. From beginning of cold/flu symptoms until 5 days after start of appropriate antibiotics	a. yes
	b. postexposure & symptomatic	b. May not work	b. Until completion of 5 days of appropriate antibiotics	b. yes
	c. postexposure, asymptomatic	c. May work	c. Unless symptoms develop	c. no
Rash		May not work until medical evaluation	Depends on cause of rash	yes
Rubella:	a. active	a. May not work	a. Until 7 days after rash appears	a. yes
	b. postexposure in susceptible host	b. May not work	b. From day 14 through day 21 after exposure	b. yes
Scabies/lice (see section 8.3)		May not work	24 hours after appropriate treatment	yes

Appendix A (continued)
Table of Illnesses/Infections and Related Work Restrictions
(Unit specific policies supersede this table)

<i>Illness/Infection</i>	<i>Work Restriction</i>	<i>Duration</i>	<i>OHS Return to Work Required</i>	
Respiratory infection (cold/flu, pneumonia, bronchitis, persistent cough)	May not work if febrile or with acute symptoms of infection.	Until afebrile for 24 hours and symptoms significantly improved.	no	
Varicella:	a. chickenpox/ disseminated zoster	a. May not work	a. Until lesions are dry and crusted	a. yes
	b. postexposure in susceptible host	b. May work after counseling by OHS. Must sign agreement to self-monitor for rash and fever	b. Must not work if febrile or rash appears, then off until lesions dry and crusted	b. yes
	c. post vaccine with rash and/or fever	c. May not work	c. Must not work if febrile or rash appears, then off until lesions dry and crusted	c. yes
	d. zoster/shingles: 1) face & forearms 2) chest, back, abdomen, or legs	d. 1) May not work 2) May work if lesions covered	d. 1) Until lesions are dry and crusted 2) N/A	d. 1) yes 2) yes
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 and pathogen is eradicated	no	

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2011 Review Team: **OHS:** B. Kosnik, R. Ogden, Erin Andersen; **HEIC:** C. Liu, A. Nichols, P. Weintrub

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