



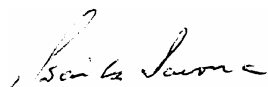
HEALTH DEPARTMENT OF WESTERN AUSTRALIA

**STANDARD MINIMUM REQUIREMENTS
FOR RETURN TO PLACE OF WORK, OR
SCHOOL OR CHILD-CARE FOLLOWING
A GASTROINTESTINAL INFECTION.**

FOREWORD

This booklet has been prepared to provide guidance on the minimum requirement for a return to the place of work, school or child care centre following a gastrointestinal infection. It has been prepared by departmental officers and has been endorsed by myself as evidence of what is considered to be good practice. In its preparation, an attempt has been made to balance the legitimate expectations of the community including the patient for an early return with a need to safeguard public health.

The guidelines are not statutory requirements and should be seen as offering no more than guidance on what is sometimes a difficult decision. While it is recommended that the guidelines be as far as possible followed to diminish inconsistency and confusion, it is accepted that occasions will arise when the guidelines do not necessarily fit a particular situation. The advice of the attending medical practitioner should be sought and followed.



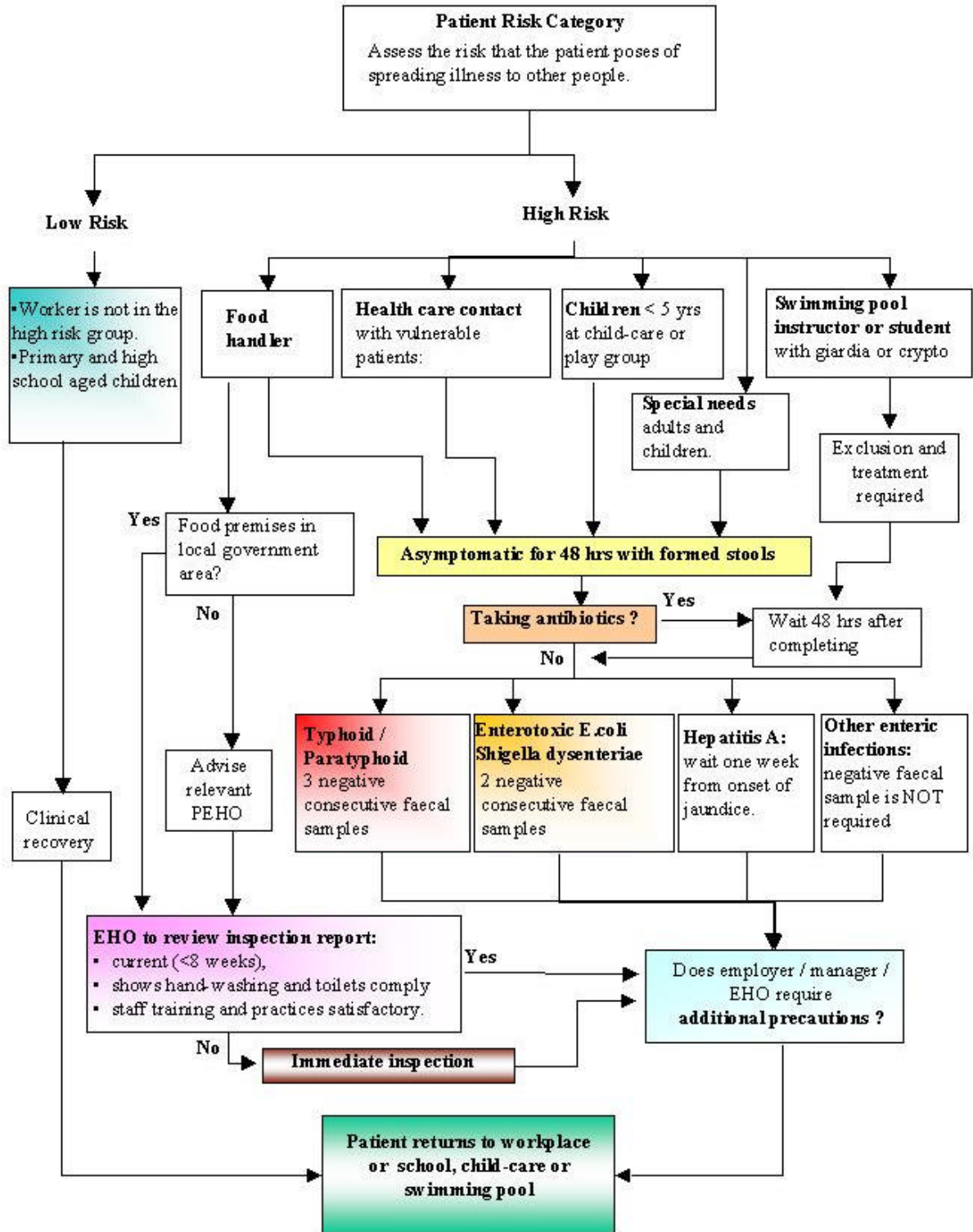
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28 May 2003

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**Decision Tree of Requirements, following Gastrointestinal Infection,
for the return to work, school or child-care facilities.**



STANDARD MINIMUM REQUIREMENTS FOR RETURN TO PLACE OF WORK, OR TO SCHOOL OR CHILD-CARE FOLLOWING A GASTROINTESTINAL INFECTION

1. INTRODUCTION

These guidelines have been prepared to establish standard minimum requirements for return to place of work, or to school or child-care following a gastrointestinal infection. These guidelines should be used by medical practitioners, environmental health officers, nurses and other health professionals who have been requested to advise on return to work, school or child-care of a patient with an enteric illness.

A Decision Tree is provided on the first page to help understand the guidelines.

The medical management of the patient by the attending practitioner is not addressed by this document.

The following are notifiable enteric diseases (Health Act 1911):

- Amoebiasis
- Campylobacter infection
- Cholera
- Giardiasis
- Hepatitis A
- Paratyphoid fever (*Salmonella paratyphi*)
- Salmonella infection
- Shigellosis (Bacillary Dysentery)
- Typhoid fever (*Salmonella typhi*)
- Vibrio parahaemolyticus* infection
- Yersinia* infection

There are other gastrointestinal infections and toxic food poisonings that are non-notifiable, including those due to viruses, *Clostridium botulinum* infection, *Clostridium perfringens* infection, Cryptosporidiosis, and *Escherichia coli* (including verotoxigenic *E. coli*) infection. However, the principles for managing return to place of work, or to school and child-care activities for these infections are similar to those for the notifiable diseases.

For the purposes of this document, gastroenteritis refers to an illness characterised mainly by vomiting and/or diarrhoea as a result of an infection by parasitic, bacterial or viral microorganisms. Enteric fevers (typhoid and paratyphoid) are also included.

The return of a patient to work, or to school or child-care following a bout of gastroenteritis or enteric fever is dependent on a number of factors. These include:

- the pathogen and the potential severity of the illness,
- the hygiene awareness and practices of the patient,
- the hygiene facilities available at the workplace or institution, and
- the risk category of the workplace or institution.

All these need to be considered in assessing the risk of transmission of infection to other people by direct contact or by contamination of food or water with the pathogen from the patient before giving a medical certificate recommending a return to place of work, or to school or child care.

2. SYMPTOMATIC GASTROENTERITIS

All persons with symptomatic gastroenteritis should be regarded as infectious, and should be excluded from work, school and child-care. The patient's return to work, or to school or child-care is subject the conditions described in the following sections.

(Note: many young children suffer from gastroenteritis as a result of causes other than contagious infection. Children under 5 yrs of age with gastroenteritis should attend a physician or community health nurse to determine the cause of illness.)

3. RESOLVED SYMPTOMS

3.1 In the days following resolution of symptoms, return to place of work, or to school or child-care depends on both the nature of the organism and the type of work or institution, as defined in Tables 1 to 3.

Table 1: LOW RISK GROUPS

The following groups are considered to pose minimal risk of spreading infection and may return to work or school after they have recovered clinically and their stools have returned to normal:

- Adult workers not identified in the “high risk” groups (see Table 2);
- Primary and high school aged children,

The following high risk groups are recognized, and for whom additional requirements are specified in Table 3.

Table 2: HIGH RISK GROUPS

The following groups are considered to pose an increased risk of spreading infection:

- Food handlers;
- Health care, nursing and other staff who have direct contact, or contact through serving food, with vulnerable patients/persons;
- Children aged less than 5 years attending child-care facilities, play-groups, etc;
- Older children and adults who are unable to maintain good standards of personal hygiene e.g. those with learning disabilities or special needs.
- Swimming instructors or students undertaking swimming lessons in public pools.

- 3.2 Enteric infections due to *Salmonella typhi*, *Salmonella paratyphi*, verotoxigenic *Escherichia coli* (VTEC), Cholera (*Vibrio cholerae* serogroups O1 and O139), Hepatitis A and *Shigella dysenteriae* are considered to be serious infections requiring special precautions in high risk groups.
- 3.3 If a patient with one of these serious infections belongs to one of the high-risk categories defined above (Table 2), the patient must be asymptomatic and in most cases have microbiological clearance (clear faecal specimens), as defined in Table 3, before issuing a medical certificate recommending returning to their place of work, or to school or child-care.
- 3.4 In all other cases of gastroenteritis in patients in the high-risk groups, a medical certificate may be issued recommending return to work provided that the patient has been asymptomatic (with normal stools) for a period of 48 hours.
- 3.5 If the patient can be moved to a low risk category, by changing the nature or activities undertaken at their place of work, then a medical certificate may be issued recommending returning to work provided they meet the relevant requirements for that category.
- 3.6 In the low risk groups, the patient may return to their place of work, or to school or child-care as soon as he/she is asymptomatic.

4. HYGIENE AND HAND-WASHING ADVICE

- 4.1 It is recommended that advice regarding hygiene be given by treating doctors and local government Environmental Health Officers (EHOs), as applicable, to all persons suffering from gastrointestinal infection. This is particularly important for the identified High Risk Groups.

- 4.2 Persons suffering from or recovering from gastroenteritis, and their close contacts, must always wash their hands immediately and thoroughly after defecation and urination, and before eating. Restaurants and other food-handling facilities, schools, child-cares and other institutions should be encouraged to provide soap (preferably liquid soap) and disposable paper towels.

5. INSPECTION OF FOOD HANDLING PREMISES

- 5.1 As part of the process of clearing food handlers who have had gastroenteritis to return to work, irrespective of the nature of the infection, the Environmental Health Officers (EHOs) should review the inspection report of the premises where the person works:
- The report should be current, i.e. less than 8 weeks old,
 - The report should indicate if handwashing and staff toilet facilities are in compliance with the food hygiene regulations, and
 - The report should show that food-handler practices are of a satisfactory standard to avoid cross-contamination.
- 5.2 Where the inspection report does not indicate compliance with the above conditions the EHO should undertake an immediate site visit of the premises.
- 5.3 In accordance with the requirements of the Health (Food Hygiene) Regulations 1993, EHOs should ensure that the proprietor of the food premises is aware that a member of their staff has had an enteric infection. Where appropriate, EHOs may provide information on the nature of the organism and potential risks to other staff and customers to the proprietor.
- 5.4 Where the food premises is located in an area under the control of another local government, the interviewing officer shall advise the Principal Environmental Health Officer (PEHO) of that local government the name of the food premises and relevant patient information to enable an EHO to assess the suitability of the premises as indicated above.
- 5.5 Where the EHO or the proprietor of the food premises considered that there is an elevated level of cross-contamination resulting in a risk to public health and safety, the patient may be requested to provide a clear negative faecal sample before returning to the place of work. Where the patient lives in an area under the control of another local government, that local government shall be advised and requested to undertake the required follow-up with the patient.
- 5.6 A food handler is any person who prepares food for consumption by the public, including food purchased from retail outlets, food provided as free samples, food provided together with accommodation, service or entertainment.

6. SWIMMING POOL INSTRUCTORS AND STUDENTS

- 6.1 Gastroenteritis due to Giardiasis and Cryptosporidiasis is of particular concern where the person affected is either a swimming instructor or a student attending swimming lessons in a public swimming pool because chlorination has little effect on these organisms.
- 6.2 It is recommended that patients in this group **MUST NOT** use a public swimming pool until 48 hours after they have successfully completed appropriate antibiotic treatment.
- 6.3 Where antibiotic treatment is not appropriate or unavailable, one clear negative faecal sample is required before the patient can return to the public pool.
- 6.4 Swimming pool instructors or students with gastroenteritis and affected by organisms other than Giardia or Cryptosporidia, they should comply with the recommended conditions in 3.3 above.

7. REFERENCES

1. PHLS Working Party. The prevention of human transmission of gastrointestinal infections, infestations, and bacterial infestations. A guide for public health physicians and environmental health officers in England and Wales. Communicable Disease Report 1995: 5; R157-R172.
2. Chin J (ed). Control of Communicable Diseases Manual. Washington: American Public Health Association, 2000.
3. Health (Food Hygiene) Regulations 1993 (as amended).
4. Health Act (Swimming Pools) Regulations 1964 (as amended).

FOR FURTHER INFORMATION:

If you would like further information please call the Health Department of Western Australia, Communicable Disease Control Branch or the Food Safety Section on (08) 9388 4999 or send an e-mail message to webmaster@health.wa.gov.au

Table 3: STANDARD RECOMMENDATIONS FOR RETURN TO WORK, SCHOOL OR CHILD CARE FOLLOWING GASTROINTESTINAL INFECTION

INFECTION	HIGH RISK GROUPS*	LOW RISK GROUPS*
<i>Salmonella</i> Typhi <i>Salmonella</i> Paratyphi	Asymptomatic and 3 consecutive negative faecal specimens taken at weekly intervals, commencing at least 48 hours after cessation of therapy and not before one month after onset of disease. <i>Note:</i> close contacts may also need microbiological clearance if they belong to risk groups.	Asymptomatic, with formed stools. Microbiological testing (as for high risk group) should also be completed, but is not necessary for return to work or school. <i>Note:</i> close contacts may also need microbiological clearance if they belong to risk groups.
<i>Vibrio cholerae</i> (O1 and O139)	Asymptomatic for 48 hours, with formed stools. <i>Note:</i> if microbiological clearance is indicated, two consecutive negative faecal specimens collected at least 24 hours apart.	Asymptomatic, with formed stools.
Verocytogenic <i>Escherichia coli</i> (VTEC) e.g.: <i>E. coli</i> O157:H7 <i>E. coli</i> O157:H- <i>E. coli</i> O111:H-	Asymptomatic for 48 hours, with formed stools, and two consecutive negative faecal specimens collected at least 48 hours apart. <i>Note:</i> close contacts may also need microbiological clearance if they belong to risk groups.	Asymptomatic, with formed stools. <i>Note:</i> close contacts may also need microbiological clearance if they belong to risk groups.
<i>Shigella dysenteriae</i>	Asymptomatic for 48 hours, with formed stools. <i>Note:</i> if microbiological clearance is indicated, two consecutive negative faecal specimens collected at least 24 hours apart.	Asymptomatic, with formed stools.
<i>Staph. aureus</i>	Asymptomatic, with formed stools. Exclude Food Handlers with septic skin lesions until successfully treated.	Asymptomatic, with formed stools.

INFECTION	HIGH RISK GROUPS*	LOW RISK GROUPS*
Hepatitis A (& Hepatitis E)	Asymptomatic and one week from onset of jaundice (or other symptoms if no jaundice).	Asymptomatic and one week from onset of jaundice (or other symptoms if no jaundice).
<i>Giardia species</i> <i>Cryptosporidium parvum</i>	Swimming instructors and swimming students must receive treatment and be asymptomatic for 48 hours with formed stools after completing treatment.	Asymptomatic, with formed stools.
All other causes of gastroenterintestinal infection, including: <i>Bacillus species</i> <i>Campylobacter species</i> <i>Cryptosporidium parvum</i> <i>Clostridium perfringens</i> <i>Clostridium botulinum</i> <i>Entamoeba histolytica</i> (Amoebiasis) <i>E coli</i> (other than VTEC) <i>Giardia species</i> <i>Salmonella species</i> (non-enteric fever) <i>Shigella species</i> (excluding <i>S. dysenteriae</i>) <i>Vibrio</i> group (except Cholera) Viral gastroenteritis <i>Yersinia</i> infection	Asymptomatic for 48 hours, with formed stools.	Asymptomatic, with formed stools.

* Advice regarding hygiene and general enteric precautions should be given by treating doctors and local government EHOs, as applicable, to all persons suffering from gastroenteritis (see point 4, above). This is particularly important for the identified High Risk Groups.

These recommendations are **minimum requirements**. In particular cases the treating medical practitioner, the local government EHO and the employer/manager/school principal **may require additional precautions** (including longer periods of exclusion) prior to return to work, school or child-care.

If appropriate, the advice of an Infectious Disease Physician or Public Health Physician should be sought.