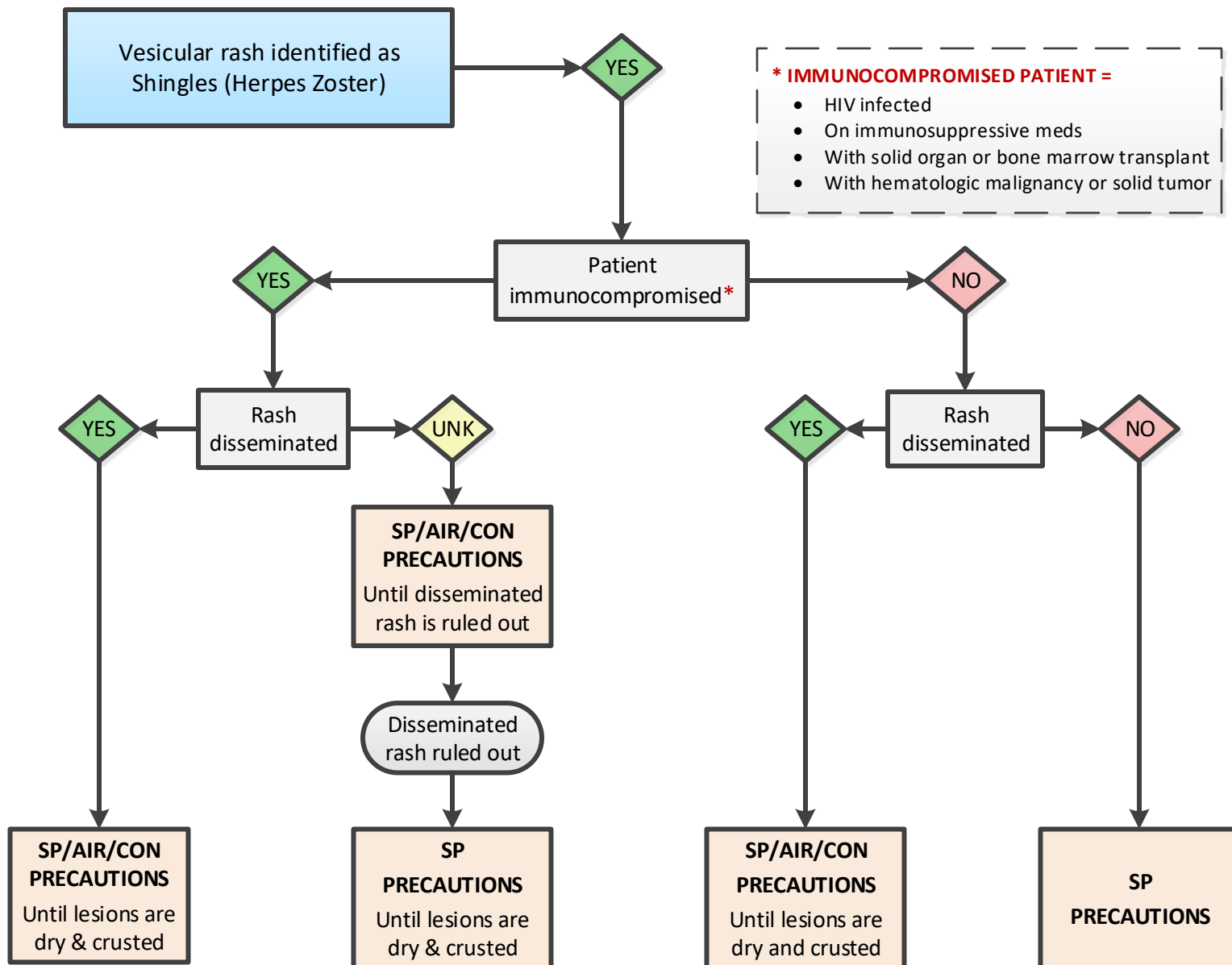


MANAGEMENT OF PATIENTS WITH SHINGLES IN FACILITIES



Management of Healthcare Personnel (HCP)

- Unvaccinated VZV-susceptible HCP are potentially contagious from days 8 to 21 after exposure and should be furloughed or temporarily reassigned to locations remote from patient-care areas during this period. Exposed HCP without evidence of VZV immunity* should receive post-exposure vaccination as soon as possible. Vaccination within 3 to 5 days of exposure to rash may modify the disease if infection occurred. Vaccination 6 or more days after exposure is still indicated because it induces protection against subsequent exposures. For unvaccinated VZV-susceptible HCP at risk for severe disease and for whom varicella vaccination is contraindicated (e.g., pregnant women), varicella-zoster immune globulin (VZIG) after exposure is recommended.
- HCP who have 1 documented dose of varicella vaccine should receive the second dose after exposure to someone with shingles. The second dose must be at least 4 weeks after the first dose; then manage as below (for 2 dose recipient).
- HCP who have 2 documented doses of varicella vaccine should be monitored daily during post-exposure days 8 to 21 for fever, skin lesions, and systemic symptoms suggestive of varicella. If symptoms occur, HCP should be immediately removed from patient care areas and receive antiviral medication.

*Evidence of VZV (Varicella Zoster Virus) Immunity =

- Laboratory evidence of immunity or laboratory confirmation of disease
- Diagnosis or verification of a history of varicella or herpes zoster by a healthcare provider

TRANSMISSION-BASED PRECAUTIONS

SP - Standard Precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

Hand hygiene refers to both washing with plain or anti-bacterial soap and water and to the use of alcohol gel to decontaminate hands. When hands are not visibly soiled, alcohol gel is the preferred method of hand hygiene when providing health care to clients.

- Hand hygiene should be performed before and after contact with a patient, immediately after touching blood, body fluids, non-intact skin, mucous membranes, or contaminated items (even when gloves are worn during contact), immediately after removing gloves, when moving from contaminated body sites to clean body sites during patient care, after touching objects and medical equipment in the immediate client-care vicinity, before eating, after using the restroom, and after coughing or sneezing into a tissue as part of respiratory hygiene.

Personal Protective Equipment (PPE) includes items such as gloves, gowns, masks, respirators, and eyewear used to create barriers that protect skin, clothing, mucous membranes, and the respiratory tract from infectious agents. PPE is used when work practices and engineering controls alone cannot eliminate worker exposure.

- Wear gloves when touching blood, body fluids, non-intact skin, mucous membranes, and contaminated items.
- Wear a surgical mask and goggles or face shield if there is a reasonable chance that a splash or spray of blood or body fluids may occur to the eyes, mouth, or nose.
- Wear a gown if skin or clothing is likely to be exposed to blood or body fluids.

Remove PPE immediately after use and wash hands. It is important to remove PPE in the proper order to prevent contamination of skin or clothing. For more information on donning and doffing PPE, see <https://www.cdc.gov/hai/prevent/ppe.html>

If PPE or other disposable items are saturated with blood or body fluids such that fluid may be poured, squeezed, or dripped from the item, discard into a biohazard bag. PPE that is not saturated may be placed directly in the trash.

CON - Contact Precautions - Do the following in addition to using standard precautions when in contact with individuals known or suspected of having diseases spread by direct or indirect contact (e.g., norovirus, rotavirus, draining abscess):

- Wear gloves and gown when in contact with the individual, surfaces, or objects within his/her environment.

All re-usable items taken into an exam room or home should be cleaned and disinfected before removed. Disposable items should be discarded at point of use.

AIR - Airborne Precautions - Do the following in addition to using standard precautions when in contact with individuals known or suspected to have diseases spread by fine particles dispersed by air (e.g., Tuberculosis, measles):

- Put on a NIOSH-certified fit-tested N-95 respirator just before entry to an area of shared air space and wear at all times while in the area of shared air space.

Remove and discard respirator just after exiting area. The respirator may be discarded into the regular trash unless contact precautions must also be followed. In this case, place the respirator in a plastic zip-lock bag, seal and then discard into the trash.

DROP - Droplet Precautions - Do the following in addition to using standard precautions when within three feet of individuals known or suspected to have diseases spread by droplets (e.g., influenza, pertussis, meningococcal disease):

- Wear a surgical mask.

Eye Protection - If eye protection is indicated, wear goggles or a face shield during ALL contact with the individual, not just when splashes or sprays are anticipated.