

# Flu-like illness procedure

Please review the following should you exhibit flu-like symptoms

1. In the event that an employee exhibits signs and symptoms of influenza-like illness while performing their job duties, they will be required to communicate directly with their supervisor either by phone or in person. Employee will leave the workplace immediately.
  - If an employee exhibits signs and symptoms of an influenza-type illness when not at work, they will contact their manager and not report for work.
2. Direct supervisors will verbally review the reason for employee's inability to report to and/or continue to work. The "*Employee Symptom Checklist for Influenza – Like Illness*" will be utilized if employee reports influenza-like symptoms.
3. The employee will undergo COVID testing (a home test is acceptable for a positive COVID test result), however, a PCR test is required for the employee to return to work IF the home test (antigen test) is negative and the employee is exhibiting symptoms.
4. If the employee tests negative for COVID-19 as demonstrated by a negative PCR test:
  - They will notify their manager.
  - They are cleared to return to work (RTW) from a COVID perspective.
  - The "*Employee Symptom Checklist for Influenza – Like Illness*" will be completed by the manager and the employee and submitted to the Infection Control nurse (Employee Health).
  - Must follow the sick call policy, which indicates they cannot return until fever free for 24 hours, or no diarrhea for 24 hours.
5. If employee tests positive for COVID-19 either through the home test or PCR test
  - They will notify their manager and EH.
  - In the event that the result comes to HR (such as in the SNF weekly testing program), HR will forward to EH and EH notifies the employee.
  - EH answers any questions re: isolation and advises follow up with PCP, reviews RTW clearance process and forms, as well as earliest RTW date. Employee is given their soonest RTW date (based on date of symptom onset or of the positive test date if asymptomatic).
  - EH sends the manager and HR an email stating that the employee has tested positive for COVID-19 with the soonest RTW date and checklist attachment.



**6. Return to work guidelines:** Managers are able to clear their employee to RTW on day 6, but the manager reviews the RTW checklist with the employee and employee attests to the ability to return to work prior to coming to work. Employee must return to the office to sign attestation with the manager prior to returning to work environment. **All employees that return on day 6, must wear their mask through day 11.**

- Manager/employee submits the RTW checklist to HR.
- If an employee is unable to return to work on day 6 (per the return to work process and checklist) the manager must immediately report this to HR and the employee absence will be managed through HR and their manager.

**NOTE: if the employee has been in an ICU during their current illness or are severely immunocompromised as defined by CDC, they can NOT follow this policy and must be cleared by employee health to return.**



# EMPLOYEE SYMPTOM CHECKLIST: INFLUENZA-LIKE ILLNESS

<b>EMPLOYEE NAME</b>	
<b>POSITION</b>	
<b>DATE/TIME OF INITIAL REPORTING</b>	

<b>FLU SYMPTOMS</b> <i>Employee must have a fever of 100 degrees or higher with one or more of the following symptoms</i>	<b>Symptoms Present @ Initial Time of Report</b>	<b>Date in which employee is fever free for 24 hours without use of fever reducing medications</b>	<b>Comments</b>
1. <u>Fever greater than 100 degrees</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. <u>Runny/stuffy nose</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. <u>Cough</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. <u>Sore Throat</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. <u>Muscle/body aches</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. <u>Headache</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments/Additional Information \_\_\_\_\_

Date Employee Returned to Work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor/Manager Signature \_\_\_\_\_

(Please forward this form to the Infection Control Nurse. Date Received by ICN \_\_\_\_/\_\_\_\_/\_\_\_\_)



# Return to Work Checklist for COVID positive staff

The first day of symptoms is considered Day Zero, you must stay out of work through Day 5 and may return on Day 6 post symptom onset provided certain criteria are met. (If you test positive and never develop symptoms, Day Zero is the date of the test.)

## You may return on Day 6 only if:

- You have no fever for at least 24 hours without the use of fever-lowering medication
- Your symptoms (such as cough, shortness of breath) are improving
- Loss of smell and taste do NOT need to be improving.

You do **NOT** need to be cleared by Employee Health to return. Follow the self-clearance protocol below and speak with your manager before returning. However, if you have been in an ICU during your current illness or are severely immunocompromised as defined by CDC, you can NOT follow this policy and must be cleared by employee health to return.

Staff who return prior to Day 11 post symptom onset must be meticulous in their mask wearing and hand hygiene. This includes wearing hospital-issued surgical mask or N-95 at all times. You should NOT take your mask off to eat or drink in the presence of others.

## Self-clearance Protocol Check List

\_\_\_\_\_ I have not had a fever (100.4F or greater) in the last 24 hours.

\_\_\_\_\_ I have not taken fever-lowering medication such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) in the last 24 hours.

\_\_\_\_\_ If I have a cough or shortness of breath, it has been improving for at least the last 24 hours and I am comfortably able to wear a mask for the duration of my shift.

\_\_\_\_\_ I have not had vomiting or diarrhea in the last 24 hours.

\_\_\_\_\_ I am not moderately or severely immunocompromised as defined by the CDC. (See definition below)

\_\_\_\_\_ I have not been in the ICU as a result of my current illness.

\_\_\_\_\_ I feel well enough to work and fulfill my job duties.

Signature of employee attesting to the above \_\_\_\_\_

Printed name of employee attesting to the above \_\_\_\_\_

Date attestation signed by the employee \_\_\_\_\_



## CDC: Who is moderately or severely immunocompromised?

People are considered to be moderately or severely immunocompromised (have a weakened immune system) due to several types of conditions and treatments. Examples include:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received chimeric antigen receptor (CAR)-T-cell therapy (a treatment to help your immune system attach to and kill cancer cells) or receive a stem cell transplant (within the last 2 years)
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress their immune response

Last updated: May 24, 2022

Content Source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)

