Health Care Personnel Exclusion and Return to Work Following an Acute Respiratory Illness

Healthcare-associated viral acute respiratory illnesses (ARI) are common in health care settings and increases the morbidity and mortality of vulnerable patients and residents. Health care facilities should have supportive and flexible sick leave policies in place to encourage staff to stay home from work when sick to reduce transmission risk to patients, residents, and other health care personnel (HCP).

Scenario	Exclude from work?	HCP may return to work when all the following recovery milestones are met	Returning HCP must practice the following infection prevention and control practices
HCP tests positive for a respiratory virus such as, but not limited to, COVID-19, influenza, or respiratory syncytial virus (RSV).	**Yes**	☑ At least three full days have passed since symptom onset[1] or first positive test ☑ Symptoms are improving, including being fever free without the use of fever reducing medications for 24 hours. ☑ HCP feel well enough to work.	☑ Wear a surgical mask for source control in all patient and resident care and common areas[2] through day seven[3] ☑ Hand hygiene ☑ Cough etiquette
HCP exhibits two or more symptoms of a respiratory viral illness such as cough, shortness of breath, sore throat, runny nose, headache, myalgia, chills, fatigue, or fever independent of testing.	**Yes**		

1. Day 0 = symptom onset date; earliest return to work date if all recovery milestones are met would be day 4.
2. Examples of common areas include but not limited to facility breakrooms, cafeteria, and hallways.
3. If not already wearing a facemask as part of universal source control masking.

More exclusion and return to work guidance, as well as other ARI guidance, can be found on the Preventing and Controlling Respiratory Illness Outbreaks in Long-Term Care Facilities and Other Health Care Settings webpage.

Health care facilities should consider implementing other infection prevention and control best practices to reduce the transmission of ARIs in their facilities.

Hand hygiene Proper hand hygiene is key to stop the chain of infection year-round. Actions facilities can take include implementing hand hygiene campaigns, conducting audits, and posting signage.	**Hand hygiene resources** • CDC (Centers for Disease Control and Prevention), Clinical Safety: Hand Hygiene for Healthcare Workers • CDC, Project Firstline: Respiratory Viruses • Wisconsin Department of Health Services (DHS), Handy Hygiene Tips • DHS, Hand Hygiene Observation Tool
Universal masking (source control) Assess the risk and the impact of respiratory viruses on the patient population being care for. Risk assessment can help balance "mask fatigue" and personal protective equipment costs with the risk of infection. Source control may be recommended more broadly in cases of outbreaks, higher community transmission, or as recommended by public health. Support personal choice if HCPs or visitors choose to mask in the absence of a universal masking policy.	**Source control resources** • CDC, Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings • DHS, COVID-19: Wisconsin Wastewater Monitoring Program • DHS, Respiratory Virus Data • DHS, Risk Assessment Template
Sick leave Health care facilities, together with their human resources department, should review attendance and sick leave policies to ensure policies are flexible and non-punitive to allow HCP to stay home when they are sick.	**Sick leave resource** • CDC, Summary of Recommendations from the Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients • U.S. Department of Labor, Sick Leave

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