EMPLOYEE INFLUENZA TRIAGE

So what should a manager do if an employee comes to work with a cold (URI) or flu-like symptoms? See Is it a Cold or is it Flu.

- Employees with simple URI symptoms, without fevers, should stay home until their symptoms resolve. They do not need to be seen by EHS to return to work. If still coughing or symptomatic a mask should be used for contact with others closer than 3 feet.

- Those with URI/mild flu like symptoms that do not progress - and resolve rapidly -should stay off work until 24 hours after the resolution of fevers w/o the use of Tylenol or Ibuprofen.

- Those with moderate-severe flu symptoms or who are at “high risk” for complications should be evaluated by EHS or their PCP - especially if they have close patient contact.

- Asymptomatic unvaccinated employees with known unprotected close contact to influenza patients, within the past 3 days, can be considered for prophylaxis treatment. This is done through EHS.
  - If it has been greater than 3 days since exposure the likelihood of developing influenza is very low. Employees should, however, continue to monitor for fevers and flu symptoms for 7 days past the exposure date and act accordingly if symptoms occur.
  - Exposures involving several staff members should contact EHS.

- Coworkers who have been exposed to infected employees do not need prophylactic treatment – see Exposure Criteria below. Instead they should monitor for fevers and flu like symptoms. If these occur employees should STAY HOME and notify their department and EHS.

- Employees taken off work by their PCP’s for flu like illnesses should be seen in EHS for a return to work (RTW) clearance if there is any question about their infectious status. Please have these employees CALL EHS for an appointment.

- Patients who have had close contact to employees with highly suspected or confirmed influenza should be considered for prophylaxis. This decision should not be delayed for final viral PCR results as these can take up to 3 days to complete.