

What to do when...

Staff Members are Sick

A. Monitor and Manage Ill Staff

How can facilities and organizations prepare for staff members who become sick?

- Develop sick leave policies for staff that allow and encourage those who are ill to stay home. Policies should be consistent with public health guidance and as non-punitive and flexible as possible.
 - Policies and procedures should enforce exclusion of staff who develop symptoms of a communicable disease, such as fever, respiratory symptoms (cough, sore throat), or gastrointestinal symptoms (diarrhea, vomiting), from work for at least 24 hours after they no longer have these symptoms
 - Staff with skin lesions or wounds should be evaluated to assess whether they should be excluded from work
- Ensure that all personnel, including staff who are not directly employed by the facility but provide essential daily services, are aware of the sick leave policies
- Consider cross-training employees so that vital functions can continue in the absence of sick staff members
- Practice good infection prevention every day
 - Enforce good hand hygiene and respiratory etiquette
 - Make sure adequate supplies such as soap, alcohol-based hand sanitizers, and tissues are available
 - Clean and disinfect environmental surfaces and resident care equipment on a regular basis, especially high-touch surfaces such as bed rails, door knobs, and light switches
- Develop surveillance plans to identify clusters of illness in staff
- Assure that your facility is familiar with disease reporting requirements
 - Outbreaks
 - Assisted living facilities and nursing homes are required to report disease outbreaks to the local health department
 - Nursing homes are also required to report outbreaks to the Virginia Department of Health Office of Licensure and Certification
 - Individual cases of reportable diseases
 - Nursing homes are required to report individual cases of reportable diseases to the local health department (http://www.vdh.virginia.gov/Epidemiology/Disease_List.htm)

What should be done if staff members become sick with a communicable disease?

- Staff should be instructed not to report to work, or if at work, to stop resident care and/or food service activities, promptly notify their supervisor, and leave work as soon as possible. Facility policies may also address notification of other staff, such as those responsible for infection control or employee health.
- Staff members with symptoms of a communicable disease, such as a fever, cough, or diarrhea, should be excluded from work until at least 24 hours after symptoms resolve, without the use of medicines that treat the symptoms.
- If a staff member has a skin lesion or weeping dermatitis above the elbow or below the collarbone, he/she is able to continue to work provided the affected area is bandaged and the drainage is contained.



- Other communicable diseases may have different work restrictions or recommended lengths of exclusion from work. Your facility should consult with the local health department as necessary to prevent the spread of infection.
- Remind staff that adherence to hand hygiene and respiratory etiquette after returning to work is essential. The importance of washing hands or using an alcohol-based hand rub (especially before and after contact with each resident) should be reinforced. Respiratory etiquette includes covering coughs and sneezes, disposing of tissues appropriately, cleaning hands with soap and water or an alcohol-based hand rub, and separating ill individuals from well individuals.

What else should I do if staff are sick?

- Be sure that facility staff know to notify their supervisor if they develop a communicable disease and that supervisors know to support staff staying away from work while ill.
 - Encourage those with symptoms of a communicable disease to stay home from work until they are symptom free for more than 24 hours (or the minimum time recommended for the specific illness/condition). This applies to supervisors, too!
- Encourage ill staff to contact their healthcare provider to answer medical questions and seek treatment as necessary.
- Review sick leave, paid time off, and family and medical policies and balances.
- Encourage all staff to develop plans with their family and household members to address household matters in case they have to remain at home due to illness.

B. Promote Prevention

Get vaccinated and recommend that other staff members get vaccinated. Vaccines provide individual immunity and prevent the spread of disease overall. Ways to improve employee vaccination rates include:

- Providing incentives
- Providing vaccine at no cost
- Improving access (e.g., offer vaccination at work and during work hours)
- Requiring staff to sign declination forms to acknowledge that they have been educated about the benefits and risks of vaccination but decline to receive the vaccine
- Mandating particular types of vaccination for all staff who do not have a contraindication



Many of these approaches have been shown to increase vaccination rates. To determine which vaccines are most relevant to staff, consult the recommended adult immunization schedule in your infection prevention toolkit. Recommendations are updated annually, so please consult CDC's website for updates (<http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>).

C. Train and Educate Personnel

Administrators serve an important role in educating personnel about infection prevention and control. To facilitate education of staff, administrators should:

- Ensure that all staff receive job- or task-specific education and training on preventing transmission of infectious agents, during facility orientation
- Periodically update policies and procedures for infection control and provide opportunities for ongoing education and training
- Document competency initially and repeatedly, as appropriate, for the specific staff positions