

4.5 Returning to Class or Clinical after an Illness

(Approved 9/11/1018)

Health Care Providers, including students, who develop fever and respiratory symptoms should be:

1. Instructed not to report to work, or if at work, to stop patient-care activities, don a facemask, and promptly notify their supervisor and infection control personnel/occupational health before leaving work.
2. Reminded that adherence to respiratory hygiene and cough etiquette after returning to work is always important. If symptoms such as cough and sneezing are still present, HCP should wear a facemask during patient-care activities. The importance of performing frequent hand hygiene (especially before and after each patient contact and contact with respiratory secretions) should be reinforced.
3. Excluded from work until at least 24 hours after they no longer have a fever (without the use of fever-reducing medicines such as acetaminophen). Those with ongoing respiratory symptoms should be considered for evaluation by occupational health to determine appropriateness of contact with patients.
4. Considered for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer, if returning to care for patients in a [Protective Environment \(PE\) pdf icon](#)[3.8 MB, 225 pages] such as hematopoietic stem cell transplant patients (HSCT).

Source:

<https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>