If a student/faculty is ill with non-COVID illness, please follow the When is Sick too Sick? PDF (below) to determine if a student/faculty should attend clinicals at GHS. The student/faculty can follow the schools established protocols if they align with GHS guidelines.

Students/faculty DO NOT need to report illness to Employee Health. They can report this to their faculty.

If you have any questions, please reach out to your program's Student Program Coordinator:

Chelsey Dehning- Allied Health

Chelsey Dehning

Student Program Coordinator for Graduate & Undergraduate Allied Health Student Programs

Medical Education Department

cldehnin@gundersenhealth.org

Mail Stop C03-006A 608-775-6749 ext 56749

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Kayla Sipley- Nursing

Kayla Sipley

Pronouns: She, Her, Hers

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Taking Care Of Those Who Take Care of Others

1. Consult Employee Health Services regarding potentially transmissible conditions, including COVID-19

See details below under these categories.

- 2. 'Call-in' ill if you do not feel well
- 3. Take charge of your health and reduce your health risks
- 4. Wash your hands
- 5. Disinfect frequently touched surfaces on a regular basis

Fever Gastrointestinal Skin conditions Upper respiratory COVID-19 & Flu FAO

6. Keep your immunizations up to date

Monitoring COVID-19 Symptoms

Although staff no longer need to complete an electronic attestation before each shift, staff are still required to monitor for all symptoms of COVID-19 at home before coming to work. Please remember to follow unit/department process for calling in sick and then call or ask to be transferred to Employee Health Services. Staff must report symptoms to Employee Health Services within 24 hours of its occurrence at ext. 57569. If a COVID-19 test is recommended, staff may request one using MyChart or be referred by Employee Health.

Symptoms of COVID-19* may include fever, cough, headaches, fatigue, muscle or body aches, loss of taste or smell, sore throat, nausea, and diarrhea. If staff have symptoms of COVID-19, they should follow their sick call process and stay home if they are sick.

You may also reference policy HR-415 for more information.

*Denotes sign or symptom of COVID-19. If staff are experiencing these symptoms, please follow sick call process and stay home.

Fever				
	Not Too Sick	Too Sick		
Fever*	Fever ≥ 100°F of known origin due	Fever ≥ 100°F and malaise, cough or rash due to		
	to known non-infectious condition	unknown cause.		
Gastrointestinal Symptoms				
	Not Too Sick	Too Sick		
Diarrhea*	Related to a known non-infectious cause (e.g. prunes).	Difficulty in maintaining hygiene practices or sanitary condition		
		An increased number of bowel movements with an acute onset due to an unknown cause		
		Accompanied by a fever, headache, or fatigue		
		Accompanied by other intestinal symptoms		
Nausea*	Related to a known non-infectious cause (e.g. medications).	Present with yellowing of the skin or eyes.		
		Accompanied with other general complaints (e.g. headache, fever, fatigue or yellowing of skin)		
Vomiting	Related to a known non-infectious cause (e.g. pregnancy).	Difficulty maintaining hygiene practices or sanitary conditions.		
		Accompanied by other intestinal symptoms (e.g. increase flatus, nausea, vomiting or other unusual stool characteristics).		

Skin Conditions		
	Not Too Sick	Too Sick
Burns	Burn is covered by clothing or a dressing that stays dry and intact. Skin on face and hands is intact and not weeping.	Burn is located on the face or hands and area is weeping or blistered.
Conjunctivitis	Symptoms have subsided (no tearing or mattering). Redness may persist. Hand hygiene is done after all hand/eye contact.	Excessive tearing with discharge, sensitivity to light, itching, redness or swelling.
Hand dermatitis	Skin is red but intact.	Skin is cracked and bleeding at any time prior to, during, or after work shift.
Herpes simplex (cold sores)	Lesions are crusted and healed.	Lesion is located on hands.
	Lesions are located in an area covered by clothing (e.g. genital	Lesions are open and draining.
	area).	Lesions are located on fact and duties include patient contact in high risk areas (e.g. nursery).
Open wounds	Wound is located in area that is covered by clothing. Wound is located on the hands and	Wound is located on the hands or face and is draining or not healed over, and duties involve patient contact or food-handling.
	face but can be covered with a dressing that stays dry and intact and does not deter from hand washing.	Wound is located under clothing, but dressings are saturated by the end of the shift and duties involve patient contact or food-handling.
	Wound is scabbed over.	
Pediculosis (lice)	Works in an area that does not require close contact with others, sharing of garments or personal protective equipment/clothing.	Work in an area that has patient contact or a patient service area (e.g. laundry, central service).
	protective equipment, clothing.	Until effective treatment.
Rash	Rash is due to a known non- infectious cause and has not resulted in open sores (e.g. reaction to new laundry detergent).	Generalized rash with an unknown cause.
		Small blisters located on hands and face or a large area on body trunk.
	A few small blisters located under clothing.	Rash appears like tiny broken blood vessels or bruises with mild fever.
		Rash has spots or pimples and is accompanied by a fever.

Upper respiratory symptoms				
	Not Too Sick	Too Sick		
Cough*	Related to an identified non-infectious cause or irritant. (e.g.	Severe or persistent coughing spells.		
	smoking).	Accompanied by a fever of unknown cause		
	Related to a chronic lung disease (e.g. asthma, bronchitis).	Has a >2-week duration and accompanied by night sweats, fever, weight loss, hemoptysis, or a positive PPD.		
Influenza	Upper respiratory symptoms have subsided.	Combination of muscle aches, sore throat, cough, mild cough, runny nose, headache, light sensitivity, or intestinal symptoms.		
COVID-19*	After isolation has ended; 10 days after symptom onset OR testing positive, whichever comes first.	Within first 10 days of symptom onset OR testing positive; whichever date was first.		
	AND no fever and symptom improvement for 24 hours.	Out of 10-day isolation period, but fever continues or employee shows no symptom improvement.		
Nasal congestion*	Accompanied by watery itchy eyes and sore throat.	Nasal secretions are so persistent that hands cannot be washed after each tissue use.		
		Accompanied by fever, sinus pain and colored discharge.		
Sore throat*	Minor scratchy throat that is soothed by gargling, drinking fluids, or sucking on hard handy.	Accompanied by fever, white spots on tonsils, swollen glands or skin rash.		
	Accompanied by watery itchy eyes and runny nose.			
COVID-19 flu an	COVID-19, flu and upper respiratory infection conditions			

COVID-19, flu and upper respiratory infection conditions

Many respiratory illnesses circulate in our region, including COVID-19, influenza A&B, cold viruses, RSV and pertussis. Here are some of the most commonly asked questions about when to come to work and when to stay home if you have symptoms of a respiratory illness:

When should I get tested for COVID-19?

You should call Employee Health or request a COVID-19 test through MyChart if you are experiencing any of the following symptoms:

- Fever 100°F or higher
- New or worsening sore throat, congestion, or runny nose
- New muscle aches (myalgias) not attributable to another medical condition or another specific activity (e.g. due to physical exercise)
- New nausea, vomiting, or diarrhea
- New loss of taste or smell
- New or worsening headache that is not attributable to another medical condition.

You should call Employee Health if you have had close contact (within 6 feet of distance for 15 minutes or more) with someone who has COVID-19.

How do I know if I should come to work or stay home if I have a respiratory illness?

Always stay home if you have a sign or symptom of COVID-19. Regardless of COVID-19 status, you should never work if you have a fever (100°F or higher) and cough, or uncontrollable symptoms that affect your daily work. If you're not sure what to do, Employee Health Services and Infection Control are resources for you. Typically, do not work the first day or two after developing a respiratory illness. Regardless of the disease, this is when you are most contagious.

To decide how long to stay home, ask yourself some questions:

- Am I feeling well enough to carry out my assignment if I do go to work?
- Am I feeling better as time passes by?
- Have the feelings of general body aches or fatigue subsided?
- Has it been less than 24 hours since I had a fever without the use of fever-reducing medications?
- Will I be able to tolerate wearing a mask if I am still coughing or sneezing?
- Am I able to follow through with hand hygiene after every episode of sneezing or coughing?
- Am I able to tolerate food and drink?

If you answer "No" to any of the above questions, you should stay home.

How long should I stay home if I have influenza?

Persons with influenza are most contagious during the first 3 days of their illness. All individuals with suspected or confirmed influenza should stay home from work at least 4-5 days after the onset of symptoms. After the initial 4-5 days, employees may return to work when their temperature has remained below 100.0 degrees Fahrenheit for 24 hours. Temperature should be measured without the use of fever-reducing medicines (medicines that contains ibuprofen or acetaminophen).

How long must I stay home if I have COVID-19?

Persons with COVID-19 are most contagious during the first 10 days after symptom onset or 10 days from their positive test date, whichever comes first. All individuals with COVID-19 must stay home from work during this 10-day period. After the 10-day isolation, employees may return to work when their temperature has remained below 100.0 degrees Fahrenheit for 24 hours. Temperature should be measured without the use of fever-reducing medicines (medicines that contains ibuprofen or acetaminophen). The employee should also feel that their symptoms are improving prior to their return and that they are able to perform their work.

Does working with someone who is coughing or sniffling increase my risk for getting sick?

It is not uncommon for someone to continue to cough or have nasal congestion after their contagious period has passed. Employees are expected to meet the above criteria for returning to work and deserve respect and privacy regarding their health status. As long as your co-worker is feeling better and follows respiratory etiquette and hand hygiene, there should be little risk to you.

How can I protect myself from getting sick?

There are several ways employees can take care of their health.

Employees are encouraged to:

- Get immunized against influenza, pertussis, and COVID-19.
- Remain in charge of their health by eating well, exercising, drinking enough water, and getting adequate sleep.
- Establish routine and preventative care with a primary care provider.
- Avoid unprotected exposure to sick individuals.
- Wear clean clothes daily and wash soiled clothes after their work shift.
- Keep work areas clean and practice good hand hygiene regularly.