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## **413.1 ANNUAL INFLUENZA IMMUNIZATION OF HEALTH CARE WORKERS (HCW)**

### **BACKGROUND INFORMATION:**

This policy was developed in collaboration with Public Health (Medical Health Officer, Communicable Disease Nurse and Public Health Inspection), Infection Prevention and Control. It complies with the NACI (National Advisory Committee on Immunizations) and the Public Health Act, 1994. In keeping with this the goal is to achieve 100% immunization of all eligible recipients for the influenza vaccine.


While respecting the confidentiality of those immunized it is a requirement for Occupational Health Consultant to provide a list of all employees immunized for influenza to the managers or designates during a respiratory outbreak. This will assist with appropriate allocation/management of staff during the outbreak.

### **RATIONALE:**


This policy provides standards which ensure that residents, clients, patients, students, volunteers, physicians and staff are protected from possible exposure and cross-infection from influenza. Every effort will be made to protect employees from infection and illness.

### **PROCEDURE:**

1. Free vaccine against influenza will be provided to all Five Hills Health Region staff, including staff of affiliated Long Term Care facilities, all physicians, students, volunteers and service providers.
2. Anyone working in a Health Care facility is strongly encouraged to receive an annual influenza immunization as per the Saskatchewan Health program parameters and ethical responsibility of HCW.

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3. An immunization campaign will be scheduled and publicized yearly. Occupational Health Nurses (OHN) and Public Health will offer free flu clinics.
4. Staff will provide written documentation to the OHN or designate if they have received influenza vaccine other than through the Region's immunization program (e.g. other region or doctor clinic). Students, volunteers, service providers and physicians may be requested to provide written documentation of their immunization status in the event of an outbreak.
5. The Influenza Immunization policy shall be reviewed with all new staff.
6. Contraindications to Influenza Vaccination:
  - a. Persons who have a true medical contraindication to the influenza vaccine or the antiviral medication (e.g. severe allergy to the vaccine components or a medical condition that prevents them from getting it) must provide documentation to the Occupational Health Nurse.
  - b. The documentation shall include previous reactions or treatments required associated with previous flu shots or other immunization.
  - c. Reactions are to be documented in the employee Occupational Health File and Panorama as per the SK Immunization Manual and according to Sask Health Program Parameters.
7. The OHN shall provide yearly influenza stats to SK Health and the Regional facilities and departments.

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## 413.2 GENERAL RESPIRATORY AND ENTERIC OUTBREAK PROCEDURE

### BACKGROUND INFORMATION:

In an outbreak situation, it is critical that employees adhere to this and other related policies in order to minimize preventable illness and death.

In Sept 2015 the [Influenza Immunize or Mask Policy](#) which was written by the ministry, was adopted regionally. It is superseded by this policy in the event of an outbreak.

**Failure to report co-employment or knowledge of outbreaks or to follow instructions as outlined in these policies may result in progressive discipline in accordance with the Human Resources policy and the respective collective agreements.**

The Medical Health Officer (MHO) is responsible for declaring and ending outbreaks.


In the event of an outbreak, the MHO has the authority to exclude from outbreak sites any persons who present a risk to the health of the residents/patients (Section 38 of the PHA, 1994).

Infection Prevention Control and related outbreak matters will be directed by the MHO. Consultation with the Communicable Disease Coordinator (re: respiratory outbreaks), Director of Public Health Inspection (re: enteric outbreaks) and Infection Prevention Control Practitioner may be required.

Five Hills Health Region Occupational Health Consultant will provide active employee outbreak management to the following sites only: Moose Jaw Union Hospital, Pioneer Lodge, Providence Place, Assiniboia Union Hospital, Lafleche Health Centre, St. Joseph's Hospital (Gravelbourg), Craik & District Health Centre, Central Butte Regency Hospital, Grasslands Health Centre (Rockglen) and Ross Payant Nursing Home.

It is necessary for health care worker influenza vaccination lists to be readily available in the event of an outbreak. A list of staff per department who has received the vaccination will be sent out to respective managers as soon as feasible after the flu clinics are done.

Addition of the employee log is to assist front line staff with communication when finding replacements for

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ill employees or updating Occupational Health and maintain confidentiality re to illness.

Outbreak codes have been added to enable better statistics and case management.

## **413.2 SECTION 1 PROCEDURE:**

### **Facility Staff Responsibilities**


- Staff with outbreak symptoms are required to stay in touch with manager.
- Employees at the time of hire and during the term of their employment must fully disclose to their manager any employment at alternate healthcare facilities. This includes all regional facilities, personal care homes, retirement homes and any other institutions where personal care is provided and the employee is at risk of exposure to infection.

### **Public Health Responsibilities**

- Outbreaks are declared by the MHO. The CD Nurse or Senior Public Health Inspector at Public Health will notify Infection Prevention and Control, the manager or the person in charge of the outbreak area.
- Public Health determines the case definition.

**Note:** Lab confirmation of the causative organism will be primarily through the patient/resident/client testing and is generally limited to the 1<sup>st</sup> five cases meeting the case definition. The goal is to confirm the cause of the outbreak, not to confirm the diagnosis of every single case. After the lab diagnosis is made for the outbreak, management of subsequent cases is guided by signs and symptoms.

- Public Health or Infection Control will advise if any employee lab screening is warranted.

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### Infection Control Responsibilities


- Infection Control will send an Outbreak Notification to regional stakeholders including: Occupational Health, managers and other departments. Regional outbreak notifications are then posted on internet by administration.

### Manager or designate Responsibilities

- It is necessary for the employer to determine whether the illness is related to outbreak.
- Staff who are ill during an outbreak shall call in as the usual process.
- Manager or designate is responsible to follow up with employees who have called in sick. The **Employee Outbreak Log** shall be completed (see Appendix A).
- The Employee Outbreak Log shall be faxed to Occupational Health daily by 0800.
- Cohorting of staff if necessary.
- Obtain list of immunized staff in a respiratory outbreak when directed by Public Health. Manager will keep list on file from November to end of Influenza season at which time it shall be destroyed.
- Ensure the Respiratory and/or GI Illness Information Sheets are posted in your facility. Provide a copy to staff that go off ill.

### Facility Staff Responsibilities

- Staff with outbreak symptoms are required to stay in touch with manager.
- Employees at the time of hire and during the term of their employment must fully disclose to their manager any employment at alternate healthcare facilities. This includes all regional


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facilities, personal care homes, retirement homes and any other institutions where personal care is provided and the employee is at risk of exposure to infection.


- Ensure the Respiratory and/or GI Illness Information Sheets are posted in your facility. Provide a copy to staff that go off ill.

### **Occupational Health Responsibilities**

- Send initial email regarding Occupational Health Outbreak directions pertaining to staff.
- Fax the updated Respiratory or Enteric Line List (Appendices B and C) by 0900 hrs weekdays to Public Health, CD Nurse. If no new employees added to the line list, fax "No New Cases"
  - **Note:** If updates required during non business hours, Occupational Health calls the following for the log updates:
    - WRH:
      - Nursing Staff: On weekends and evenings, the weekend Nursing Supervisor (call front desk to connect)
      - Housekeeping call the WRH front desk to connect to the supervisor
    - Other facilities:
      - Call the charge person/designate for that facility.
- Any pertinent details shall be noted on the Employee Line List Comments section. If necessary, can note: See Occupational Health files and document in RTW/Accomm.excel
- Notify the unit manager of details specific to employees as this will not be communicated by Public Health and Infection Control.
- Provide list of staff immunized for influenza prior to influenza season start date (determined by the MHO) in order to direct the workplace during outbreaks.

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- Policy 413 includes return to work guidelines (refer to Respiratory and GI information sheets Appendix D and Appendix E). Occupational Health provides guidance on when staff may return to work if there is any uncertainty. Consultation with Public Health and Infection Control may be advisable.
- If the employee does not return phone message within 2 days of Occupational Health phoning, leave a voice message that the Occupational Health Nurse will assume the missed shift due to illness is not outbreak related and the employee must follow up with his/her manager re a return to work plan. Call or email the employee's manager advising of correspondence and note in OH file.
- While the employee is still symptomatic, the OHN will ask when they are next scheduled to work and record a tentative RTW plan in the Recovery/RTW date section if possible (on the Employee Outbreak Log.). If applicable, follow up the phone contact with email to the employee, and attach the Respiratory or GI poster
- Regular email updates summarizing status of Employees that are off is advisable for outbreak involves a number of staff and continues for a longer period of time.
  - E.g. Tentative Return to Work (RTW) on Saturday January 21/13 if acute signs and symptoms resolved and feeling well all day Friday January 20/12.
  - The FHHR Human Resources Dept/Labour Relations will make decisions on HR issues
  - See table below:

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<p><i>Questions to assist the <b>Occupational Health Consultant</b> to determine if the employee case is work/outbreak or community related:</i></p> <ol style="list-style-type: none"> <li>1. Did the employee actually work on the outbreak unit 48 hrs prior to the S&amp;S onset?</li> <li>2. If causative organism identified, did the employee actually work/work on the outbreak unit within an incubation period prior to S&amp;S onset?</li> <li>3. Was the employee already ill before reporting to work?</li> <li>4. Did the employee have direct contact with a case and /or indirect contact with his/her care environment?</li> <li>5. Did the employee have household or close contacts that were ill with a similar illness before the employee became ill?</li> <li>6. During outbreaks, does the employee definitely meet case definition? <ol style="list-style-type: none"> <li>a. Remember common sense: headache, muscle aches and fatigue are common reports but with no progression to specific respiratory S&amp;S these employee's will not likely meet case definition.</li> <li>b. Explore S&amp;S in detail as employee's frequently identify "fever" that are actually within normal limits.</li> </ol> </li> </ol>
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- Consultation may involve: student instructors, volunteer supervisor, service provider's employer/physician or OH&S.
- Refer to [Recommended Isolation Timelines INF-PRO 4060](#) and consult MHO/Infection control as required.
- Flu statistics will be calculated according to the Sask Health Influenza Program.
  - Baseline total ACTIVE employees per facility stats will be determined in Sept each year and used to calculate the seasonal flu stats.



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### Schedulers Responsibilities

- Employers/schedulers shall be required to relay information related to outbreaks when calling staff in to work.
- Outbreak coding shall be used for staff off with outbreak related illness.

-Refer to table below regarding Outbreak coding for time sheets:

### Outbreak coding for time sheets

Regular	Extended	Description	comments
IK	RB	Employees off sick with outbreak related symptoms	To use instead of ID/XD
DK	VJ	Employee is <u>not</u> allowed to work at any site due to outbreak restrictions –(paid loa regular outbreak)	e.g. Extendicare employee not allowed to work shift at MJUH. The shift would be coded DK or VJ (extended shift) at MJUH.
ZK	RA	Employee can work and is considered supernumerary to existing staff – code the shift where the employee actually works as ZK or RA (extended shift)	e.g. If employed at Providence Place and Pioneers and not allowed to work at Providence Place and employee would be an extra at Pioneers. The scheduled Providence Place shift would work ZK or RA supernumery at Pioneer and coded at Pioneer.
ZZ	XZ	Employee can work and is required for base staffing or other relief (i.e. workload relief, sick relief, vacation relief) – code the shift where the employee actually works  Any other situation: Please contact payroll	e.g. If employed at MJUH and Pioneers and not allowed to work at Pioneer, but there are other staff ill at MJUH, the scheduled Pioneer shift would be worked at MJUH as ZZ/XZ. e.g. A problem that could be encountered is that the employee is an LPN at Providence Place and a SCA at Pioneers, then she/he would be paid at the wrong classification wage rate. We would have to manually adjust

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## 413.2 SECTION 2: Health Care or Service Workers Employed at More than One Institution

These principles apply to all outbreaks:

### 2.1 Direct Care Employees

- Staff employed in more than one health care facility shall not be permitted to work in more than one facility during an outbreak. See **Work Modifications and Restrictions** if not feasible (below).
- Cohorting of staff shall be enforced to the greatest extent possible.
- Staff are required to report knowledge of any outbreaks in one facility to their manager/designate in other facilities where they are co-employed.
- Infection Prevention Control measures such as changing clothes before leaving the building and showering at work or immediately once home may be advisable to prevent spread of infection in the community.

#### **Work Modifications and Restrictions**

##### a) Respiratory:


For well staff: must wait one incubation period (**72 hrs**) from the end of the shift on the closed unit and remain asymptomatic before working on an open unit or another health care facility.

##### b) Enteric:

For well staff: must wait one incubation period (**48 hrs**) from the end of the shift on the closed unit and remain asymptomatic before working on an open unit or another health care facility.

### 2.2 Non Direct Care Staff

e.g. laboratory, physiotherapy, dietary, radiology, maintenance, managers and administration

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- Non direct care staff Health Care Worker may travel between facilities if no prolonged exposure with residence/patients.


### 2.3 Prioritization of Services

e.g. laboratory, physiotherapy, dietary, radiology, maintenance

- Non-outbreak areas are to be serviced first—after which the outbreak area may receive necessary services.  
The Rationale is to allow employees to thoroughly wash/remove PPE/change clothes in order to prevent contamination of other areas.
- Only services deemed medically necessary should be performed on the outbreak area.

### 2.4 Home Care

- Employees may work at an outbreak facility and in the community. No specific time in between each work place applies. Routine Infection prevention and control practices will prevent the spread. If possible, attendance at the outbreak facility should be scheduled for end of shift or designate personnel to that facility.

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### 413.3 Management of Employees and other Health Care Workers During Respiratory Outbreaks in Health Care Facilities

#### 413.3 SECTION 1: Influenza-like Illness (ILI) Outbreaks: Staffing in Outbreak area

Attendance for all Health Care Workers (including staff, students, volunteers, service providers and physicians) is based on 3 criteria.

- Confirmation of Influenza outbreak
- Whether the viral strain is covered by the current vaccine
- An individual's vaccination status

**If the health care worker has chosen to mask rather than immunize, the health care worker will not be permitted to work in the outbreak area, regardless of masking.)**

In extraordinary circumstances, the MHO may direct a specific revised approach to Infection Control.


#### A. CONFIRMED INFLUENZA OUTBREAK

##### 3.1 IMMUNIZED PERSONNEL: and organism identified is represented in the vaccine

- Immunized staff will continue to work in the outbreak area unless they are symptomatic with ILI.

**ILI definition: acute onset or respiratory illness, fever (usually >38C) and cough and with one or more of the following: sore throat, arthralgia, myalgia,**

- If staff has tested positive for Influenza A or B, staff must remain off work for 5 days from start of symptoms.

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**3.2** NON-IMMUNIZED PERSONNEL: and influenza organism identified represented in the vaccine

- **If there is a medical contraindication to the influenza vaccine, the employee shall be referred to the Occupational Health Consultant. Information shall be reviewed with the MHO.**
- There are 3 options for non-immunized persons re attendance in the event of an identified **influenza** outbreak in the workplace:
  - (i) Make arrangements with their physician to take prophylaxis (preventative therapy) which is recommended by the MHO. Staff will be expected to return to work, if they are symptom free, after taking their first antiviral. The cost of the antiviral will only be paid for by the Health Region if the employee provides medical documentation stating that immunization is contraindicated. See 413.3 Section 2

The employee is encouraged to mask in designated patient areas as per Policy 414.

- (ii) Influenza vaccine will be offered, if available. It is important to note that it takes up to 2 weeks to achieve immunity following immunization. Therefore, prophylaxis is required in addition to vaccination and the employee will be expected to return to work as per 413.3 Section 2
- (iii) Staff may be relocated to another non outbreak area or directed to remain off work without pay.

The employee is encouraged to mask in designated patient areas as per Policy 414.

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**3.3** Influenza organism is **not** represented in the current influenza vaccine

- It may be necessary to offer prophylaxis to all staff and contracted physicians only (whether immunized or not) at the discretion of the MHO. (Family members are advised to see their own family doctor for a prescription.)
- In extraordinary circumstances, the MHO may direct a specific revised approach to Infection Control.
- The employee may be directed to obtain a prescription from their family physician.
- In this case the employee will be reimbursed by the Health Region.

**B. NON -INFLUENZA RESPIRATORY OUTBREAKS**


**3.4** ILI Outbreak: **and** organism is not identified or is other than influenza

- Staff who develop symptoms of ILI may return to work when asymptomatic (i.e. being afebrile for 24 hours without antipyretics is a good indication that symptoms have resolved).

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### 413.3 SECTION 2: Compensation During Influenza Outbreaks

- FHHR will not pay for antiviral medication used as prophylaxis if the employee does not have a medical contraindication to receiving influenza vaccine.
- FHHR will not pay for antiviral medication for treatment of any employee should the employee become ill with influenza.
- FHHR will pay for regularly scheduled shifts if the employee must be off work because of a documented, valid medical contraindication to both influenza vaccine and antiviral medication and management is unable to relocate to another non outbreak area.
- An employee in an outbreak facility or area who refuses the flu vaccine and antiviral medication in the absence of a valid medical contraindication and cannot be relocated to another area, will be excluded from the facility for the duration of the outbreak without pay or vacation time. The employee and manager are advised to contact Labour Relations.

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### 413.3 SECTION 3: Influenza Vaccination Lists

- As all respiratory outbreaks are potentially influenza, a list of vaccinated employees shall be provided to the managers prior to yearly influenza start date (date determined by the MHO).

### 413.4 Management of Staff in Respiratory Situations NON OUTBREAK

- Staff who develop symptoms of ILI may return to work when asymptomatic (i.e. being afebrile for 24 hours without antipyretics is a good indication that symptoms have resolved).
- If staff member identified positive for Influenza A/B in a non outbreak situation they need to remain off work for 5 days.
- It is advisable to provide the Respiratory Illness Information Sheet to symptomatic staff.



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### 413.5 Management of Health Care Workers in Enteric Outbreak Situations

#### BACKGROUND:

This policy was written in consultation with the MHO, PHI, IC IPAC and OHN. Pharmacy was also consulted re medications which may be used to treat the symptoms.


#### RATIONALE:

This policy has been updated in order to clarify staffing in outbreak and non outbreak situations. It also will reduce unnecessary sick time due to misunderstanding of guidelines and prevent the spread of GI infection.

Hand hygiene is still considered the primary means of preventing spread of infection.

It is also important to note that GI symptoms can be associated with non infectious causes. Therefore when it is not an outbreak, it is reasonable for staff to return to work once symptoms have resolved. I.e. there is no specific period of time required.

There is however, potential for spreading up to 48 hrs after the GI symptoms have stopped, therefore guidelines for general staff and precautions specifically for food handlers are in place when an outbreak has occurred.

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**PROCEDURE:**


**ENTERIC OUTBREAK: Organism identified. OUTBREAK SITUATIONS ONLY**

- Non dietary staff shall be excluded from work until 48 hrs after the last symptoms. Food handlers are treated with extra precaution and must be excluded for 72 hrs after symptoms have stopped (assuming Norwalk is the causative agent). If symptoms continue, contact the Occupational Health Consultant.
- Provide the GI Illness Information Sheet to staff who are off ill.

**Use of Anti diarrheal agents: Outbreak Situations**

The use of medications to stop diarrhea (e.g. Imodium, Lomotil and Pepto-Bismol) are highly discouraged. These medications have the potential to prolong the illness.

If any of these medications are taken then it is recommended by pharmacy that the person remain out of the work place for 24 hrs after anti diarrhea medication has been taken.

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#### **413.6 Management of Staff in Enteric Outbreak Situations NON OUTBREAK**

- If there is not an outbreak, staff is advised to stay away from the workplace until symptoms have resolved and regular diet is tolerated (i.e. there is not a specific time recommended to remain off work.) **This applies to dietary staff as well.**
- Provide the GI Illness Information Sheet to staff who are off ill.

#### **Use of Anti diarrheal agents: Non-Outbreak Situations**

The use of medications to stop diarrhea (e.g. Imodium, Lomotil and Pepto-Bismol) are highly discouraged. These medications have the potential to prolong the illness.

If any of these medications are taken then it is recommended by pharmacy that the person remain out of the work place for 24 hrs after anti diarrhea medication has been taken.







# Respiratory Illness

## Employees Exposed to or Symptomatic/Infected with Respiratory Illness

### What is respiratory illness?

- Respiratory illness can be as minor as the common cold or as serious as pneumonia.
- They may affect the upper respiratory system (nose, ears, sinuses and throat) or the lower bronchial tubes and lungs.
- Germs like viruses and bacteria can cause it.

### How do I help prevent respiratory illness?

- Employees are responsible to PREVENT, IDENTIFY and ACT to reduce the risk of infecting themselves and others in the work environment.
- **PREVENT:** Immunization will help prevent a number of common respiratory infections or make the symptoms less severe and not last as long. All employees are expected to follow the immunization schedules recommended for health care workers, including yearly influenza vaccination.
- **IDENTIFY:** Employees are expected to identify when they have symptoms or may have been exposed. Employees are to follow the instructions on page 2 and to discuss with the Occupational Health Nurse if they are unsure they are safe to be at work.
- **ACT:** Employees are expected to follow the instructions below and infection control measures including respiratory etiquette, hand hygiene and additional precautions for patients/residents/clients.

### What are the common symptoms?

- May include:
 

•sinus pain	•sneezing	•headache
•runny or stuffy nose	•sore throat	•decreased activity level
•watery eyes	•cough	•fever
•chest congestion	•joint pain	•muscle pain
•cough	•difficulty breathing	
- Please consider if over-the-counter medications are appropriate for you to help control symptoms. See your family physician if you are concerned about your symptoms.
- If on antibiotics, the illness should improve within 24 to 48 hrs. If not, the physician needs to be revisited. Employees can return to work if feeling well and have been on antibiotics for 24 hours.

### Who do I report to if I am sick?

- Inform your manager or the person in charge if your unit is in outbreak.

# Respiratory Illness Cont'd

## What about work restrictions?

- Employees with respiratory illness should not be at work with a fever (38 degrees Celsius or more). Keep in mind that medications can mask fever.
- Otherwise, it depends on how serious your symptoms are, your specific job duties and where you work.
- Generally, employees with uncontained respiratory secretions – e.g. persistent productive cough, persistent runny nose or frequent sneezing that cannot be contained with a mask – will need to be off work to prevent infecting others. Please book off work through your usual process. Once these acute symptoms resolve and you have a day of feeling generally well, you can safely return to work.
- A persistent, dry cough is common following acute respiratory illness and you would be safe to return to work at that stage. If you are a direct care employee, consider wearing a mask for direct care activities.
- **In a Respiratory Outbreak**, the statements above apply. That is, employees can be at work as soon as they feel well enough. However, if employees have had a lab test confirming that they are positive for Influenza, please call Occupational Health.

## What if my family/household members/close contacts are sick?

- As long as you are well, there are no work restrictions when your close contacts are sick.

## What about respiratory outbreaks on my unit?

- **If you worked on the outbreak unit** you must be well for 72 hours from the end of that shift before working on an open unit or another health care facility.
- **If you worked on the outbreak unit and you have respiratory illness** please book off work through your usual process. Your name will be added to the outbreak employee log by the charge person/manager and forwarded to Occupational Health.

## For more information contact Occupational Health:

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# Gastrointestinal Illness (GI)

## Employees Exposed to or Symptomatic/Infected with Gastrointestinal Illness

### What is gastrointestinal (GI) illness?

- GI illness is a “stomach” infection. It can be very minor or serious.
- It is sometimes called “stomach flu” but it is not the flu.
- Germs like viruses and bacteria can cause it.

### How do I help prevent GI illness?

- Employees are responsible to PREVENT, IDENTIFY and ACT to reduce the risk of infecting themselves and others in the work environment.
- **PREVENT:** Infectious GI illness is from ingesting infectious feces or vomit. Keeping your hands away from your eyes, nose and mouth will help prevent ingestion of infectious feces or vomit.
- **IDENTIFY:** Employees are expected to identify when they have symptoms or may have been exposed. Employees are to follow the instructions on page 2 and to discuss with the manager if they are unsure they are safe to be at work.
- **ACT:** Infection control measures including hand hygiene based on the four moments, not eating or drinking in care areas and following additional precautions for patients/residents/clients that are symptomatic should also be followed.

### What are the common symptoms?

- May include:
 

•diarrhea	•vomiting	•nausea
•abdominal pain	•fever	•muscle pain
•decreased energy	•decreased appetite	•headache.
- Some infections include bloody diarrhea or can affect other parts of the body such as the kidneys and lining of the intestine.
- See your family physician if you are concerned about your symptoms.

### Who do I report to if I'm sick?

- Inform you manager or the person in charge if your unit is in outbreak.

### What about work restrictions?

- Employees with GI illness should not be at work with a fever (38 degrees Celsius or more).
- Otherwise, it depends on how serious your symptoms are, your specific job duties and where you work.
- **In an enteric outbreak**, employees with GI symptoms or stools that are abnormal for them will need to book off through their usual process. In outbreak only, they need to be off work **until** 48 hours (72 hours for Nutrition and Food employees) after the last episode of diarrhea and/or vomiting.

# Gastrointestinal Illness (GI) Cont'd

## Can I take medications for my symptoms?

- Any anti-diarrheal medications (e.g. Imodium, Pepto-Bismol, Lomotil) are highly discouraged. They prolong the illness and potentiate the spread.

## What if my family/household members/close contacts are sick?

- As long as you are well, there are no work restrictions when your close contacts are sick.

## What about GI outbreaks on my unit?

- **If you worked on the outbreak unit and you are well** you must be off 48 hours from the end of the shift on the closed unit and remain well before working on an open unit or another health care facility.
- **If you worked on the outbreak unit and you have GI illness** please book off work through your usual process. Contact your manager.

For more information contact Occupational Health:

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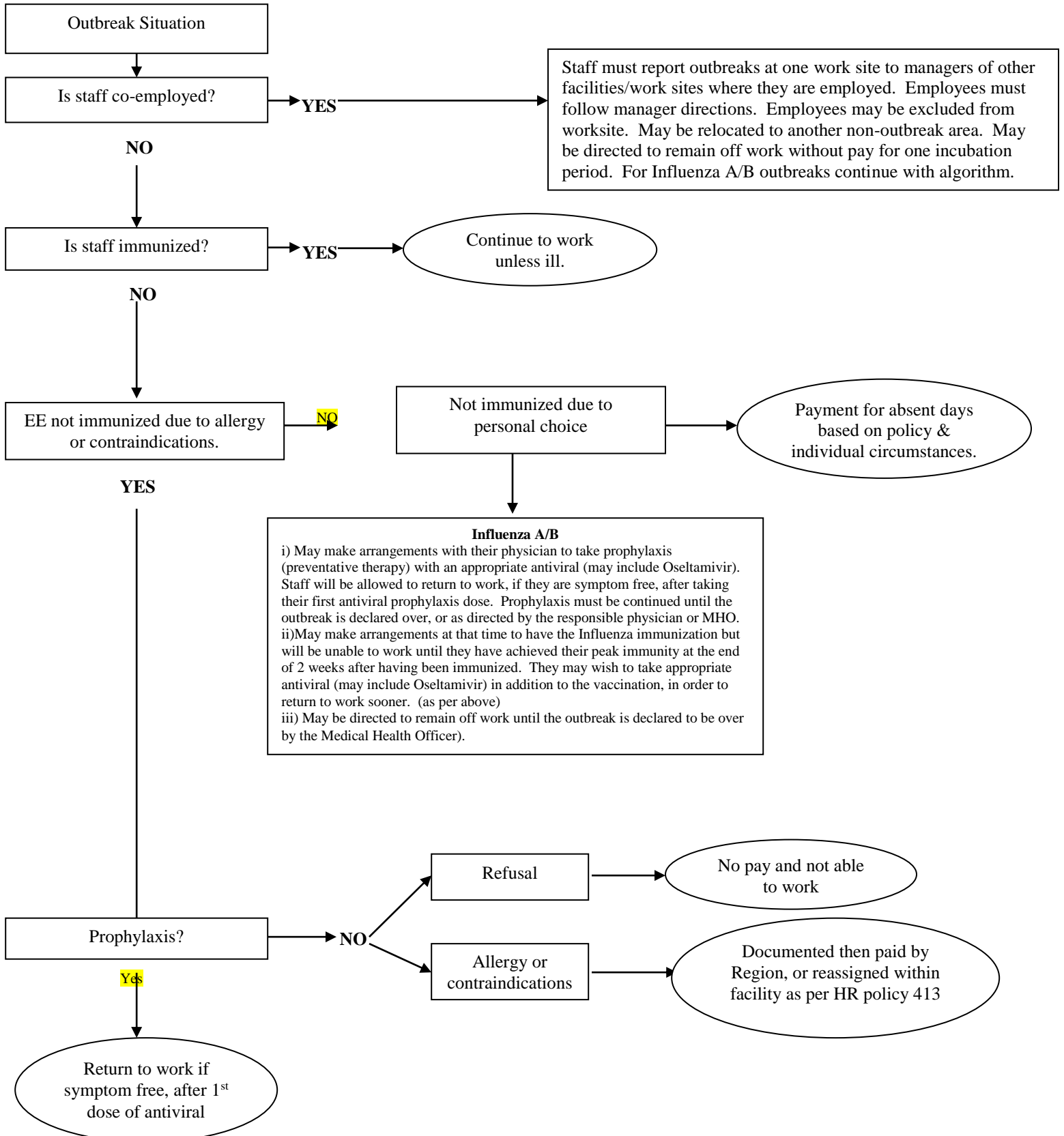
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**FIVE HILLS HEALTH REGION**

**Respiratory Outbreaks and Staffing**



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