

Too Sick for Clinical Internship

Interns are required to follow *Too Sick for Clinical Internship* requirements. If an intern presents with conditions, such as the examples listed, it is the clinical preceptor's discretion to send the intern home or accept the intern into the clinical setting. The intern will be required to use PTO time for his/her absence. The return-to-internship protocol and other illness-related situations must follow the hospital (clinical facility) policies.

Note: if an intern is on narcotic prescription drugs, the intern will not be permitted to participate in clinical activities due to the potential side effects and altered mental status.

CONDITION	TOO SICK FOR CLINICAL INTERNSHIP
GENERAL ILLNESS	
Fever	No clinical or patient care until fever is gone
SKIN CONDITIONS	
Hand Dermatitis	Skin is cracked and bleeding at any time prior to, during or after work shift.
Open wounds	<ul style="list-style-type: none"> Wound is located on the hands or face and is draining or not healed over, and duties involve patient contact. Wound is located under clothing but dressings are saturated by the end of the shift and duties involve patient contact.
Rash	<ul style="list-style-type: none"> Generalized rash with an unknown cause. Small blisters located on hands and face or a large area on body trunk. Rash appears like tiny broken blood vessels or bruises with mild fever. Rash has spots or pimples and is accompanied by a fever.
Herpes Simplex (cold sores)	<ul style="list-style-type: none"> Lesion is located on hands. Lesions are open and draining. Lesions are located on face and duties include patient contact in high-risk areas.
Burns	Burn is located on the face or hands and area is weeping or blistered.
Pediculosis (lice)	No work until confirmed that transmission is not possible following appropriate treatment.
Impetigo	<ul style="list-style-type: none"> No work until medical treatment started. No skin-to-skin contact until resolved.
Conjunctivitis	Excessive tearing with discharge, sensitivity to light, itching, redness, or swelling. No work until discharge/drainage ceases.
UPPER RESPIRATORY	
Cough	<ul style="list-style-type: none"> Accompanied by a fever. Has a > 2-week duration and accompanied by night sweats, fever, weight loss, hemoptysis or a positive PPD (tuberculosis test). Severe or persistent coughing spells.
Sore throat	Accompanied by fever, white spots on tonsils, swollen glands or skin rash.

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Strep throat	Following a positive throat culture, need 24 hours of medication and feeling better clinically.
Nasal congestion	<ul style="list-style-type: none"> Nasal secretions are so persistent that hands cannot be washed after each tissue use. Accompanied by a fever, sinus pain and colored discharge.
Diphtheria	No work until antimicrobial therapy completed and two cultures at least 24 hours apart are negative.
Influenza	Combination of muscle aches, sore throat, cough, mild cough, runny nose, headache, light sensitivity or intestinal symptoms.
Upper Respiratory Infection	Requires staying home until symptoms are resolved to prevent spread of disease to immuno-compromised patients.
Pertussis (Whooping Cough)	<ul style="list-style-type: none"> Requires staying home and being on medication for 24-48 hours. May return to clinical assignment with medical permission.
GASTROINTESTINAL SYMPTOMS	
Nausea	<ul style="list-style-type: none"> Present with yellowing of the skin or eyes. Accompanied with other general complaints (e.g. headache, fever, fatigue or yellowing of skin)
Vomiting	<ul style="list-style-type: none"> Difficulty maintaining hygiene practices or sanitary conditions. Accompanied by other intestinal symptoms (e.g. increase flatus, nausea, vomiting or other unusual stool characteristics).
Diarrhea	<ul style="list-style-type: none"> Difficulty in maintaining hygiene practices or sanitary conditions. An increased number of bowel movements with an acute onset due to an unknown cause (3 loose stools in 24-hour time period). Accompanied by a fever, headache, or fatigue. Accompanied by other intestinal symptoms.
Convalescent Salmonella	No work with high risk, immuno-compromised patients until documentation of 2 consecutive negative stool cultures, 24 hours apart.