Ontario

Ministry of Health

COVID-19 Interim Guidance: Omicron Surge Management of Staffing in Highest-Risk Settings

Version 4.0 – March 31, 2022

Highlights of Changes:

- Updated for managing return to work of staff who are close contacts or cases in routine operations
- Updated testing recommendations for Table 1A "Lowest COVID-19 Transmission Risk Staffing Option (For Routine Operations)" (page 4)

This Interim Guidance document provides basic information only. It is not intended to provide medical advice, diagnosis or treatment or legal advice.

In the event of any conflict between this Interim Guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, mental health resources, and other information,
- Please check the Directives, Memorandums and Other Resources page regularly for the most up to date directives.

Purpose

- The purpose of this guidance is to provide a framework for employers and operators of certain highest-risk settings to use for managing return to work of **staff who are close contacts or cases of COVID-19,** both in routine operations and as part of mitigating critical staffing shortages, and without requiring the approval of the local public health unit.
- For the purposes of this guidance, highest-risk settings for consideration of return to work applies to:
    - Hospitals including complex continuing care facilities and paramedic services; and

  - Congregate living settings, including, but not limited to, Long-Term Care homes, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, correctional facilities, hospital schools; and
  - Home and community care workers.
- Other settings that are not included in the above highest-risk setting list should follow the COVID-19 Interim Guidance for Case, Contact and Outbreak Management in Omicron Surge for management of cases and contacts.
- Direction on early return to work from local hospital infection prevention and control (IPAC) team and/or Occupational Health should continue to be followed in addition to any instructions, if applicable, issued by the local medical officer of health.
- Setting specific direction on early return to work from other relevant ministries (e.g., Ministry of Long-Term Care, Ministry of Seniors and Accessibility, Ministry of Children, Community and Social Services, Ministry of Municipal Affairs and Housing, and Ministry of the Solicitor General) should also continue to be followed and may supersede these recommendations if conflicting.
- Employers and operators who implement an early return to work process should consult with their joint health and safety committee about the measures and procedures that are being taken for workplace safety. Cases with a positive test do not require a clearance test to return to work after 10 days of isolation.

Background

- Based on the Interim Guidance for Cases, Contacts and Outbreak Management in Omicron Surge, cases and close contacts who work in highest-risk settings are generally recommended to not attend work for 10 days after symptom onset/positive test (if a case) or last exposure to a case (if a close contact), if possible.
- Individuals with COVID-19 symptoms working in these settings **are eligible** for molecular testing (e.g. PCR or rapid molecular test) and are encouraged to seek testing.
- Close contacts in highest-risk settings who develop **any** symptom(s) of COVID-19 should self-isolate and be tested immediately.

- Individuals who have had a previous COVID-19 infection in the past 90 days (i.e., tested positive on a PCR, rapid molecular or rapid antigen test) have a lower risk of re-infection. Staff who are close contacts and who have had a resolved test-positive infection in the past 90 days do not need to isolate and **can** work in the highest-risk settings, as long as they remain asymptomatic.
- Rapid Antigen Tests (RATs) distributed in the province have been prioritized to highest-risk settings to support early return to work when molecular testing (e.g. PCR, rapid molecular) access and turnaround time is reduced. Use of options that include molecular testing (e.g. PCR, rapid molecular test) should be prioritized if testing access and turnaround time is adequate.

Framework for Return-to-Work Prioritization

- The following table outlines progressive levels of risk options for staffing with early return of close contacts and cases. When available, use of testing options is preferred to other options. Asymptomatic close contacts should be prioritized for return to work over COVID-19 positive cases.
- This guidance has been updated to include additional options for test-based return to work of contacts that can be used routinely, in the absence of any staffing shortages (Table 1A). Options for return to work in Table 1A "Lowest COVID-19 Transmission Risk" should be used first, and **can be used for routine operations, when there are no staffing shortages**.
- If staffing shortages are impacting care, options listed in Table 1A (lowest risk of COVID-19 transmission) should be exhausted prior to progressing to options with more risk of COVID-19 transmission (Table 1B and Table 1C). The use of options with more risk of COVID-19 transmission should be commensurate to the risk of insufficient staffing to patients/residents to provide adequate care.
- It is the responsibility of the organization implementing this guidance to determine what early return to work option to use under their current circumstances and populations served. Setting specific direction on which staffing options can be used for early return to work from other relevant ministries (e.g., Ministry of Long-Term Care) should be followed.

Table 1: Return to Work Testing Requirements for Cases and Contacts

1A: Lowest COVID-19 Transmission Risk Staffing Option (For Routine Operations)

Asymptomatic Close Contacts		Cases
Testing available	**Testing not available**	**With or Without Testing Available**
1) Return to work following a negative molecular test (e.g. PCR, rapid molecular) collected on/after day 5 from last exposure.[1] **OR** 2) Return to work following a negative molecular test (e.g. PCR, rapid molecular) prior to first shift (if collected before day 5)[2] **AND** perform daily rapid antigen testing for 10 days after last exposure **or** until a second negative molecular test is collected on/after day 5 from last exposure.[1,3]	1) Return to work 10 days after last exposure.[1]	1) Return to work 10 days after symptom onset or positive test (whichever is earlier). **OR** 2) Return to work after a single negative molecular test (e.g. PCR, rapid molecular) or two negative rapid antigen tests are collected 24 hours apart any time prior to end of time-based clearance (10 days).[3] **AND** • No fever and symptoms improving for 24 hours (48 hours if vomiting/diarrhea).

[1] "Last exposure" refers to last day the contact was exposed to an individual who was still isolating with either COVID-19 symptoms or a positive test result (e.g. household contacts would have ongoing exposure until the end of the cases isolation period if unable to effectively self-isolate in the home. If a child with COVID-19 was self-isolating from Monday to Saturday, the 'last exposure' for the parent who was caring for the COVID-19 positive child would be the Saturday).

[2] Follow workplace measures for reducing risk of exposure.

[3] If the individual tests positive on a test before day 10, they should not continue testing on subsequent days and wait until day 10 prior to returning to work. Routine molecular testing of positive cases is NOT recommended due to the high likelihood of ongoing positivity, but may be considered if initial test was indeterminate or low level positive.

1B: Moderate COVID-19 Transmission Risk Staffing Options (For Critical Staffing Shortages)

Asymptomatic Close Contacts		Cases
Testing available	**Testing is not available**	**With or Without Testing Available**
1) Return to work after two negative rapid antigen test collected 24 hours apart.[4] **AND** • Perform daily rapid antigen testing for 10 days after last exposure **or** until a negative molecular test (e.g. PCR, rapid molecular) is collected on/after day 5 from last exposure.[5]	1) Return to work 7 days after last exposure, with workplace measures for reducing risk of exposure until day 10.[5]	1) If **ONLY** caring for COVID-19 positive patients/residents: Return to work 7 days after symptom onset or positive test (whichever is earlier) without testing.[4] **AND** • No fever and symptoms improving for 24 hours (48 hours if vomiting/diarrhea).

[4] Maintain workplace measures for reducing risk of exposure for 10 days after last exposure.

[5] "Last exposure" refers to last day the contact was exposed to an individual who was still isolating with either COVID-19 symptoms or a positive test result (e.g. household contacts would have ongoing exposure until the end of the cases isolation period if unable to effectively self-isolate in the home. If a child with COVID-19 was self-isolating from Monday to Saturday, the 'last exposure' for the parent who was caring for the COVID-19 positive child would be the Saturday).

1C: Higher COVID-19 Transmission Risk Staffing Options (For Critical Staffing Shortages)

Asymptomatic Close Contacts		Cases
Testing available	**Testing is not available**	**With or Without Testing Available**
1) Return to work after single negative RAT prior to first shift.[6] **AND** • Perform daily rapid antigen testing for 10 days after last exposure **or** until a negative molecular (e.g. PCR, rapid molecular) test is collected on/after day 5 from last exposure.[7]	1) Return to work 5 days after last exposure, with workplace measures for reducing risk of exposure until day 10.[7]	1) If **ONLY** caring for COVID-19 positive patients/residents: Return to work earlier than day 7 (i.e., day 6 preferable to day 5, etc) without testing.[6] **AND** • No fever and symptoms improving for 24 hours (48 hours if vomiting/diarrhea).

[6] Maintain workplace measures for reducing risk of exposure for 10 days after last exposure.

[7] "Last exposure" refers to last day the contact was exposed to an individual who was still isolating with either COVID-19 symptoms or a positive test result (e.g. household contacts would have ongoing exposure until the end of the cases isolation period if unable to effectively self-isolate in the home. If a child with COVID-19 was self-isolating from Monday to Saturday, the 'last exposure' for the parent who was caring for the COVID-19 positive child would be the Saturday).

Workplace Measures for Reducing Risk of Exposure under Critical Staffing Shortages

- Where possible, avoid assigning staff on early return to work to vulnerable patients/residents (e.g., immunocompromised, unvaccinated, other underlying risks for severe disease).
- Personal Protective Equipment (PPE) and IPAC practices should be reviewed (including audits) to ensure meticulous attention to measures for staff on early return to work.
- Prioritize cohorting of staff who are early returned cases to working with COVID-19 positive patients only, due to their residual risk of transmission.
- Additional workplace measures for individuals on early return to work may include:
    - Active screening ahead of each shift
    - Individuals on early return to work should not remove their mask when in the presence of other staff to reduce exposure to co-workers (i.e. not eating meals/drinking in a shared space such as conference room or lunch room.
    - Working in only one facility, where possible;
    - Ensuring well-fitting source control masking for the staff on early return to work to reduce the risk of transmission (e.g. a well fitting medical mask or fit or non-fit tested N95 respirators or KN95s).

Administrative Considerations for Selecting Staff for Return to Work under Critical Staffing Shortages (For Options in Table 1B and 1C)

- The fewest number of staff who are close contacts or who are COVID-19 cases should be returned to work early under options in Table 1B and 1C to allow for business continuity and safe operations.
- Staff who are nearest to completion of their self-isolation period should be returned first.

- Where possible, preferential return to work for those who have received all recommended doses of the COVID-19 vaccine (including booster doses) should be considered due to decreased risk of developing symptomatic infection with Omicron infection compared to those with two doses or those who have not completed a primary COVID-19 vaccine series.
- Those who have an exposure to a COVID-19 case that does **not** live with them should be prioritized to return before those who have ongoing exposure to a household member with COVID-19, because the risk of transmission is higher among those with ongoing exposures (e.g. providing direct, ongoing care to a COVID-19 positive household member).