


Guidance Document for COVID-19



Title: Covid-19 Return to Work Process - Updated	Version #: 1
Approved: Covid-19 Incident Manager Signature: 	Approval Date: August 20 2021
<i>This document is intended to provide guidance to staff/professional staff during COVID-19</i>	

1. PURPOSE

To clarify expectations during COVID-19, related to *Return to Work Process*.

2. GUIDELINES (e.g. background, definitions, procedure, etc.)

Occupational Health & Safety manages the return to work (RTW) of staff post exposure as well as for failed screening. Processes are determined based on MOH and PHO guidelines with an overarching influence of the Occupational Health and Safety Act. Based on the current COVID-19 Case, Contact and Outbreak management Interim Guidance Document, it highlights some changes to current practice based on vaccination status of individuals. The interim guidance document does reference that those who have been exposed in the community are to report to their employer/OHS department in the event there are additional parameters within the work space.

Based on the new guidelines and concern over the new variant and its ease of transmission, the recommendations for COVID exposures and symptomatic reporting for staff of TBRHSC is as follows:

- 1) Self-isolation for high-risk exposure (without proper PPE) contacts is now 10 days as opposed to 14.
- 2) Fully vaccinated individuals who have had ongoing exposure to a positive case (i.e. family member you live with) would still have to self-isolate for that 10-day window given their ongoing exposure.
- 3) If symptomatic (with GI symptoms specifically) and tested - negative swab received, symptoms need to be resolving for at least 48 hrs before returning to work. For those that are febrile they must be 24hrs free of a fever before returning to work.

High risk exposures (even if fully vaccinated) should self-isolate include the following:

- 1) Anyone living in the same household while the positive case was infectious (i.e. spouse, child, parent)
- 2) community/workplace schools - direct contact with infectious bodily fluids of the case (contact was less than 2 m, neither parties were masked and prolonged exposure)

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- 3) HCW provided direct care for the case that did not have consistent and appropriate use of PPE
- 4) HCW is the case and had unprotected close and or prolonged contact with the +ve HCW

3. RELATED POLICIES, PRACTICES AND/OR LEGISLATIONS

1. *Ministry of Health – Public Health Guidance on Testing and Clearance*

4. REFERENCES

N/A