Guidance Document for COVID-19

Thunder Bay Regional Health Sciences Centre

Title: Return to Work Crisis Status Designation	**Version #:** 1
Approved: Executive Vice President, Communications & Corporate Affairs and Covid-19 Lead **Signature**:	**Approval Date:** January 11, 2022
This document is intended to provide guidance to staff/professional staff during COVID-19	

1. PURPOSE

To clarify expectations during COVID-19, related to *Return to Work "Crisis Status" Designation.*

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

This document has been developed in alignment with Thunder Bay Regional Health Sciences Centre's (TBRHSC) return to work (RTW) protocols to support decision making regarding the maintenance of human resources in cases of critical staffing shortages or "Crisis Status".

Currently, RTW protocols for household exposure (*ongoing exposure to a confirmed Covid-19 positive individual*) are determined by Covid-19 Organizational Response Levels or specific human resource needs and are outlined below:

Conventional Status Organizational Level - Green	**Contingency Status** Organizational Level - Yellow and higher	**Crisis Status** Assigned as required - follow Crisis Status Guidance Document
Isolation at home Testing per Ministry of Health (MOH) Guidelines RTW 10 days following exposure	Isolation at home Day 7 Polymerase Chain Reaction (PCR) test RTW on isolation day 8 (if negative PCR) Daily Rapid Anitigen Test (RAT) on day 8-10	Isolation at home Day 1 PCR test RTW on isolation day 3 (or sooner if negative PCR results received) Daily RAT day 3-10

Note: Only asymptomatic individuals will be considered for "Crisis Status" RTW designation. Where possible staff who have received three vaccination doses will be prioritized to return to work before other employees.

Determining RTW "Crisis Status"

Considerations:

a) Has the overall impact to service delivery been thoroughly assessed?

- Staff shortage creates significant clinical and/or operational risk e.g., life or limb preservation, critical service disruption, system failure

b) Have all other staffing options been exhausted?
- Departmental Business Continuity Plan reviewed and actioned
- Staff redeployment/reassignment considered/completed

Example: Staff have been moved from non-critical service areas to support the impending/current staffing deficit
- Virtual or remote work options considered/implemented

c) What is the impact on other hospital resources?
- Staff returning to work will not create a disproportionate impact on other human resources or critical supplies inventory e.g., personal protective equipment (PPE), Covid-19 testing modalities, IPAC or OH&S resources

  Example: Increased/enhanced PPE requirements for those staff and patients that will be in close contact to the staff who are returning to work.

d) What is the staff service delivery model?
- The usual clinical/technical/service/department staffing complement, compared to the current staffing deficit in the effected area has been assessed.

Example: A staffing deficit in a specialty service of one employee will likely have a more significant impact on service delivery, depending on the criticality of that individual's work.
Note: It may be necessary to consider bringing a Covid-19 positive employee back to work due to the critical nature of their work. If the employee is unable to RTW due to the severity of their illness, other mitigating strategies will need to be considered.
- The staff returning to work due to "Crisis Status" will work primarily in one area of the hospital, with minimal/manageable risk of broader transmission

e) Have system partners been consulted to understand impacts and appropriate mitigation strategies?
- Potential redeployment of resources from community partners to TBRHSC, or from TBRHSC to community partners, have been explored to mitigate critical gaps (including upstream or downstream service pressures).

The above considerations are intended to provide a consistent and equitable approach to assigning "Crisis Status". Individual circumstances may require a fulsome "risks vs. benefits" assessment, and in situations where consensus is difficult, an ethical framework for resolution should be applied.

Note: *Ministry of Health (MOH) guidance suggests that early return to work to address a critical staff shortage should apply to the fewest number of high risk exposed healthcare workers to allow for business continuity and safe operations in clinical and non-clinical areas.*

How to Request "Crisis Status" Designation

To request Crisis Status designation, the most responsible Director or Physician Leader must initiate the process by completing the "Crisis Status" Staffing Request Form at:

https://app.smartsheet.com/b/form/1b582d6d61764782986db927632df1c2

To facilitate quick and thorough decision-making, the request form should provide as much information about the staffing situation and its impact as possible.

The "Crisis Status" Staffing Request Form will be advanced through the Incident Management System (IMS) to be considered by Senior Leadership Council (SLC) and the Incident Management Team (IMT) collectively. Leadership from the impacted area(s) will be involved in decision making as required.

If the urgency of the circumstance requires an **immediate** response, a decision can be expedited through IMS by contacting both Jennifer Wintermans winterj@tbh.net and Amanda Walberg walberga@tbh.net, or afterhours through the Senior Leader On-call.