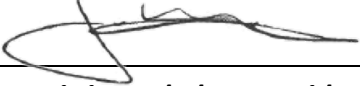


Guidance Document for COVID-19



Title: Return to Work (RTW) Crisis Status Designation	Version #: 2
Approved: Executive Vice President, Communications & Corporate Affairs and Covid-19 Lead Signature: 	Approval Date: April 7, 2022
<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 "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".

Regular RTW Organizational Practice Current RTW Protocols for Household Exposure	RTW Crisis Status Designation Assigned as required - follow Crisis Status Guidance Document
<p><u>Single Exposure:</u></p> <ul style="list-style-type: none"> Isolation at home (if fully vaccinated + booster follow PHU guidance) RTW after day 1 negative PCR & asymptomatic and follow work isolation protocols <ul style="list-style-type: none"> if no PCR testing available RTW after 2 negative rapid antigen tests collected 24 hrs apart Daily Rapid Antigen Test (RAT) for 10 days post exposure <p><u>Household Contact:</u></p> <ul style="list-style-type: none"> RTW following negative PCR on day 7, follow work self-isolation protocols and RAT for remainder of 10 days post exposure 	<p><u>Single Exposure:</u></p> <ul style="list-style-type: none"> Isolation at home (if fully vaccinated + booster follow PHU guidance) RTW after day 1 negative PCR & asymptomatic and follow work isolation protocols <ul style="list-style-type: none"> if no PCR testing available RTW after 2 negative rapid antigen tests collected 24 hrs apart Daily Rapid Antigen Test (RAT) for 10 days post exposure <p><u>Household Contact:</u></p> <ul style="list-style-type: none"> RTW on isolation day 3 following negative PCR results and follow work self-isolation protocols Daily RAT for remainder of 10 days post exposure <p><i>*implemented based on unit/department Crisis Status designation (per IMT approval)</i></p>

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:

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- 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 affected 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.

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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 expedited 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 the Incident Management System by contacting both Jennifer Wintermans winterj@tbh.net and Amanda Walberg walberga@tbh.net, or afterhours through the Senior Leader On-call.