Guidance Document for COVID-19

Thunder Bay Regional Health Sciences Centre

Title: Return to Work Crisis Status Designation	**Version #:** 5
Approved: VP, Quality & Corporate Affairs and COVID-19 Lead **Signature:**	**Approval Date:** July 18, 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, TBRHSC has note returned any COVID positive staff prior to the 10 days of isolation as per MOH/ PHO guidelines.

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 COVID positive healthcare workers to allow for business continuity and safe operations in clinical and non-clinical areas.

Routine Operations	**Crisis Status** Assigned as required - follow Crisis Status Guidance Document
Asymptomatic –close contact (community): -RTW after Day 1 negative PCR -If no PCR testing available, RTW after 2 negative rapid antigen tests collected 24 hours apart -perform daily antigen test for 10 days -follow work self-isolation protocols for 10 days ***Asymptomatic –close contacts (household):*** -RTW after Day 1 negative PCR -if no PCR testing available RTW after 2 negative rapid antigen tests collected 24 hours apart -perform daily antigen tests for 10 days -PCR test on day 7 - follow work self-isolation protocols ***COVID Positive Staff*** To isolate from work for least 10 days (or at discretion of hospital IPAC) after the date of specimen collection or symptom onset (whichever is earlier/applicable) and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present. *Staff previously diagnosed with COVID-19 in the last 90 days (based on positive test results), are not required to self-isolate, as long as they are currently asymptomatic. These individuals are advised to self-monitor for symptoms for 10 days from the last exposure and can attend work at the hospital.*	***Asymptomatic –close contact (community)***: – same as routine operations ***Asymptomatic –close contacts (household):*** – same as routine operations ***COVID Positive Staff :*** -to return on Day 7 if: -3rd booster dose has been obtained and proof provided to OHS -***Mild*** or no remaining symptoms AND symptoms have been improving for >24hrs -no vomiting and/or diarrhea -worker must disclose to manager of COVID status to ensure safest work assignment ***Safety Precautions for the remainder of the 10 days of work isolation:*** -MUST follow work self-isolation protocols ***(NO REMOVING OF MASKS NEAR ANYONE)*** -N95 mask if they are clinical staff or work in patient care area -MUST ensure their patients don a mask when caring for or interacting with them -Clinical staff should not be assigned to patients that cannot wear a mask or are non-compliant with masking -Avoid high risk activities that require close face-to-face contact with the patient for extended periods (i.e. ophthalmology assessment) -Avoid interacting/caring for the following pt populations:

	-Neonatal/NICU -Known unvaccinated patients -Dialysis/ Cancer patients -Transplant patients -Patients on major immunosuppressant treatment

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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.

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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:

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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.