

To: TBRHSC Senior Leadership, Directors, Managers, Coordinators, and Department Chiefs

From: Jennifer Wintermans, VP, Quality and Corporate Affairs, COVID-19 Lead and Amy Carr, Director Human Resources and Interim CHRO

Date: October 12, 2022

RE: **UPDATED - Return to Work – post COVID-19-for Exposures, Positive Cases and Crisis Status Designation**

We continue to experience a high number of COVID-19 cases in our Hospital and to prepare for any surge in cases in the coming months that may impact our operations, the *Return to Work – post COVID-19-for Exposures, Positive Cases and Crisis Status Designation* SOP has been updated. The updated procedure will allow for a more streamlined process when requesting a need for Crisis Status Designation to ensure we have a consistent approach when considering a safe return back to work for those workers impacted by COVID-19.

The process is based on the [Ministry of Health](#) and Public Health guidelines and allows fully vaccinated and asymptomatic staff and professional staff to return to work following testing and additional protocols.

The updated SOP outlines the procedure and routine practice for failed screens, high-risk exposures, self-isolation requirement and Crisis Status Designation, for critical staffing shortages.

Highlights of changes: (see SOP-oh-18 for full details)

1. Asymptomatic close contacts can continue to work pending PCR test results.
2. COVID-19 positive staff can return to work on day 7 (with negative RATs on day 6 and 7) if absent fever and symptoms improving, as determined by OHS.
3. If deemed a critical staffing shortage, COVID-19 positive staff can return to work on day 5 if absent fever and symptoms improving, as determined by OHS.
4. A streamlined process for requesting and approving Crisis Status Designation.

To note, the determination of Crisis Status Designation will be made by the Director or Department Chief of the portfolio in collaboration with their respective Vice President or Chief of Staff regarding the maintenance of human health resources in the cases of critical staffing shortages that impacts the return to work (RTW) timelines for staff diagnosed with COVID-19. Please continue to work with Occupational Health and Safety on these decisions.

Please note that a return to work before Day 10 will require the following safety precautions:

- MUST follow work self-isolation protocols (NO REMOVING OF MASK NEAR ANYONE)
- N95 mask if they are clinical staff or work in a patient care area. Staff who do not have direct patient contact can wear a well-fitted medical mask.
- 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.
- Where possible avoid patient assignment for the following patient populations: Neonatal/NICU, known unvaccinated patients, immunocompromised dialysis/cancer patients, transplant patients, patients on major immunosuppressant treatment.

The updated SOP is attached and is available at <https://comms.tbrhsc.net/covid-19-information/> and on the OHS section of the iNtranet.

Any questions regarding the contents of the SOP can be directed to OHS at TBRHSC.OccupationalHealthandSafety@tbh.net.

All staff should continue to be reminded to complete the screening tool prior to each shift, practice hand hygiene and wear PPE appropriate for the work environment.

All Hospital COVID-19 updates, memos and resources are also available on the iNtranet at <https://comms.tbrhsc.net/covid-19-information/>.