

Briefing Note for TASHN_E

Re: Approach to Residents with High Risk Exposures and Outbreaks during the Omicron Wave

Omicron (B.1.1.529), declared a SARS-CoV-2 variant of concern on November 26, 2021, was first identified in Ontario on November 27, 2021. Omicron has quickly become the dominant SARS-CoV-2 strain in Ontario, representing over 90% of all new SARS-CoV-2 cases as of December 20, 2021. This variant appears to be significantly more transmissible than prior SARS-CoV-2 variants and has a doubling time of 2-4 days. It also appears to be associated with immune escape, although vaccine effectiveness and re-infection data are only just emerging. Modeling projects that we will have a wave of SARS-CoV-2 in the coming weeks that will be different than prior waves; the incidence of SARS-CoV-2 will be much higher than in prior waves. The associated impacts of this high SARS-CoV-2 incidence on health human resources (HHR), including residents, includes:

1. High absenteeism due to COVID-19 related illness;
2. High absenteeism due to high risk exposures from family and the community;
3. Challenges with outbreaks, expected to be substantial in number and size due to very high community incidence (the number one predictor of outbreaks), the significantly increased transmissibility of this virus with high attack rates when compared to prior variants and vaccine escape potential;
4. Increased workload due to COVID-19 associated surges, over and above the high non-COVID-19 acuity due to backlogs from prior COVID-19 waves.

During prior waves in the pandemic and **before** COVID-19 vaccination, residents with high risk exposures were generally placed on self-isolation for the duration of potential incubation period, and residents rotating from units with a COVID-19 outbreak were managed in a standardized way where “Category 1 residents” (e.g. Residents/Staff that worked directly as part of the Most Responsible Physician team on an outbreak unit(s) within 10 days and are starting a new rotation) were not allowed to rotate to a new rotation and “Category 2 Residents” were residents that worked as a consultant on the outbreak unit(s) but NOT as part of the MRP service on these outbreak units, and were generally allowed to continue to work on a new rotation.

With Omicron, due to anticipated lowered vaccine effectiveness against severe disease, and corresponding rise in breakthrough cases, recent Case and Contact Management by the Ministry of Health once again advises that high risk contacts self-isolate for 10 days.

Maintaining business continuity is anticipated to be extremely challenging through this wave. As one potential mitigation strategy for fully COVID-19 vaccinated residents (and those with three doses), in times of critical staffing shortages, there may be opportunity to allow healthcare workers to work while on work self-isolation, consistent with the December 17, 2021 CMOH Memo to Hospitals and EMS with a combination of molecular and rapid antigen testing (see December 17, 2021 CMOH Memo attached).

Hospitals are therefore now in the process of developing a framework for allowing healthcare workers to work if necessary from a business continuity perspective, including safe operation of the hospital.

Any resident identified as having a high risk exposure, or working on an outbreak unit prior to rotating to a new unit, should continue to contact Occupational Health at the site where they will be working for a risk assessment. If having the resident off on self-isolation raises business continuity/patient care concerns in the opinion of the individual hospital site coordinator (MD) for the program (or physician designate), a decision will be made by Occupational Health and other hospital operation leads in collaboration with the education program leadership as to whether the resident can work. This decision will consider other potential solutions, as well as the type of high risk exposure, in alignment with decision making for all other hospital staff and physicians.

The resident will receive instruction on the testing regimen and reporting requirements from the hospital's Occupational Health. Any resident that develops symptoms should self-isolate at home and get a repeat PCR test, regardless of the date of their last negative rapid antigen or PCR test.