

Framework for Clearance of Healthcare Workers with High-Risk Exposures to COVID-19 for Work during Times of Critical Staffing ShortagesVersion Date: December 21, 2021

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 healthcare human resources (HHR) 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;
5. High absenteeism for child care reasons if schools do not go back in January 2022;
6. Ongoing attrition due to stress and burnout.

Maintaining business continuity is anticipated to be extremely challenging through this wave. As one potential mitigation strategy for fully COVID-19 vaccinated healthcare workers (and those with three doses), in times of critical staffing shortages, there may be opportunity to allow asymptomatic, exposed 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. For example, the CMOH Memo currently suggests the following:

- For healthcare workers with discrete high risk exposures:
 - PCR test as soon as possible and if negative, repeat testing on or after day 7 after last exposure to the case
 - Rapid antigen testing (RAT) daily for 10 days since last exposure to the case
- Any staff person with ongoing exposure to a case (e.g. staff person lives in the same household as a case) may return to work on work self-isolation for a full 20 days from the date on which the household case became symptomatic (or from the date of the positive test), and the staff person should complete the following testing:
 - PCR test on day 0, on or after day 7, and on or after day 14/15
 - RAT daily while exposure is ongoing and daily for 10 days after last exposure

Any healthcare worker that 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.

Hospitals can consider the following principles when bringing healthcare workers with high risk exposures in to work during the incubation period:

- The framework does not apply to healthcare workers who are not COVID-19 vaccinated or have only received one dose of a COVID-19 vaccine

N.B. Please note that this document is only providing guidance and/or recommendations to support individual planning for hospitals within the Toronto Region of Ontario Health. This document does not constitute provincial decisions, directions or guidance.

- The fewest number of high risk exposed healthcare workers should be returned to work to allow for business continuity and safe operations in clinical and non-clinical areas.
- Consider awaiting first negative PCR (and 3-5 days post exposure) before allowing them to work
- The sequence for clearing healthcare workers for work in descending order of preference due to increasing risk includes:
 1. High risk exposures involving COVID-19 positive patient
 2. High-risk staff-to-staff COVID-19 positive occupational exposure
 3. Discrete community exposure to COVID-19 positive person
 4. Healthcare workers working on outbreak units (to facilitate working on non-outbreak units)
 5. Household contact of COVID-19 positive person where the healthcare worker has received 3 doses of COVID-19 vaccine
 6. Household contact of COVID-19 positive person where the healthcare worker has received 2 doses of COVID-19 vaccine
- Healthcare workers must remain asymptomatic and undergoing molecular and rapid antigen testing at intervals as outlined by the hospital.
- This will require a tailored approach for use within each hospital, including identifying the approval processes.
- It is critical that healthcare workers wear hospital-approved masks at all times.
- There should be consideration for identifying a designated safe space for eating/drinking where the exposed healthcare worker may remove their mask without being in contact with other healthcare workers (i.e. break space assigned to the individual).

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