

## COVID 19 Risk Assessment Tool Considerations for Work Self-Isolation in Critical Staffing Shortages in Highest Risk Settings

Ideally, staff who should be in isolation related to being a case or being exposed to COVID-19 would not be working. This is the safest strategy. However, considering extreme surges of COVID-19 cases and contacts, highest risk settings may need to implement strategies during critical staffing shortages to meet critical workforce needs.

This tool is to be used in conjunction with the document ***Ministry of Health COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge Version 1.0 – December 30, 2021***, **Ministry** other Ministry guidance documents, Ministry Directives, and internal policies and procedures. It is to be used in consultation with the Timiskaming Health Unit. Each situation/scenario will require assessment by the organization. There will always be situations / scenarios that are outside the scope of this tool and further consultation will be required. **This tool does not cover ongoing outbreak exposures.**

This tool is referring only to highest risk settings which include paramedics, hospitals, Long-Term Care, retirement homes, health care workers providing care to immunocompromised, congregate living settings.

### 1. Determine Critical Shortage Definition

Each agency will have different thresholds for what is considered a critical shortage. Consider the following questions to help determine your agencies threshold:

- Are there non-critical services can be delayed to increase staff capacity?
- Are there critical tasks that other discipline/staff can safely and competently complete (re-assignments)?
- How many staff do you require to provide safe/competent critical care?
- How many staff do you have working?
- Is it the role **or** the staff member that is critical operations (i.e., only person/discipline who can complete the task)?
- What is their role and potential risk?
- Can their role at work be adjusted to reduce risk?

If you have determined that you are entering a critical staffing shortage, follow the below steps in order (do not skip a step) to return a HCW to work who are currently in self-isolation (from self-isolation to work-self isolation). The strategies are listed below in order of lower to higher risk, based on the hierarchy of controls. Choosing HCW from the lower risk categories does not eliminate all risk but has more layers of protection included. Within each category, the layers of protection and risk are included to further prioritize HCW in lower risk scenarios.

In addition, if critical staff decisions are made by distinct departments, your occupational health / IPAC still needs to assess and approve.

### 2. General Requirements

Before you can consider returning staff in current self-isolation back to work during a critical staffing shortage, the HCW must meet **all** the criteria:

- Remain Asymptomatic

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- Actively screened ahead of each shift
- Fully vaccinated (at least 2 doses)
- Continuously test negative
- Remain in work self-isolation for **10 days** from last exposure (contact)

Also, these general principles should be followed for all situations where a HCW is entering work self-isolation due to critical staffing shortages:

1. HCW on work self-isolation should avoid working with immunocompromised.
2. Only have the fewest number possible of HCW returning to work on work self-isolation to allow for business continuity and safe operations.
3. Work self-isolation would ideally only begin on day 7 after two negative RATs at least 24 hours apart (i.e., day 6 and day 7).
4. HCW who have received 3 doses should be prioritized to return before those who have received 2 doses.

**3. High Risk Contacts**

These are individuals who are **not** household contacts of a case. They differ in their exposure time, type, and setting from household contacts. However, their exposure details (time / location - indoor vs outdoor) can vary significantly so it would be important to complete an assessment to confirm these details to determine risk.

	Exposure	Vaccine Status	Days Since Exposure
<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 10px;">Lower</div> <div style="font-size: 2em; margin: 0 10px;">↓</div> <div style="margin-top: 10px;">Higher</div> </div>	<input type="checkbox"/> Limited <input type="checkbox"/> Outdoor <input type="checkbox"/> Distanced <input type="checkbox"/> Masks on	<input type="checkbox"/> 3 Doses	<input type="checkbox"/> 7
	<input type="checkbox"/> Prolonged <input type="checkbox"/> Indoor <input type="checkbox"/> Close <input type="checkbox"/> Masks off	<input type="checkbox"/> 2 Doses	<input type="checkbox"/> 1

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**4. Household Contacts**

<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 10px;">Lower</div> <div style="font-size: 2em; margin: 0 10px;">↓</div> <div style="margin-top: 10px;">Higher</div> </div>	Exposure	Vaccine Status	Day Since Exposure
	<input type="checkbox"/> No ongoing exposure	<input type="checkbox"/> 3 Doses	<input type="checkbox"/> 7  <input type="checkbox"/> 1
<input type="checkbox"/> Ongoing <sup>1</sup>	<input type="checkbox"/> 2 Doses	<input type="checkbox"/> 10  <input type="checkbox"/> 1	

*1 Work self-isolation for 10 days from the last exposure. If there is ongoing exposure this will extend the isolation period by up to 5 to 10 days, depending on severity and vaccination status of case.*

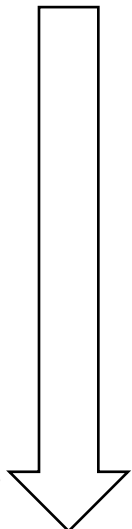
**5. Cases**

Cases should not attend work. This would only ever be considered when the health and safety of the public is at risk due to a critical staffing shortage.

If it is decided that more harm will result by not having a HCW COVID 19 case return to work, the following criteria will be in place (in addition to the general requirements – step 2) for them to return to work-self isolation (with consultation of the Medical Officer of Health):

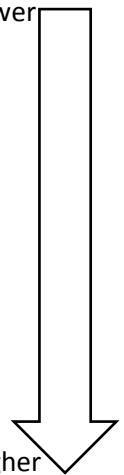
- Wear fit-tested N95 respirator at all times during work.
- HCW working alongside the case must wear a fit-tested N95 respirator at all times. Non-HCW must wear a well fitted medical mask or KN95 respirator at all times.
  - NOTE: the HCW case will need to be identified to staff so that staff are able to take these required steps. Your organization will need to determine a process that supports this.
- All staff must maintain physical distancing at all times and wear a well fitted medical mask or Kn95 mask (if available)

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Lower  Higher	<b>Vaccine Status</b>	<b>Day Since Symptom onset / positive test</b>
	<input type="checkbox"/> 3 Doses	7
	<input type="checkbox"/> 2 Doses	1

**6. Determine Role during Work-Self Isolation**

HCW on work self-isolation should **avoid working with immunocompromised individuals**. In addition, the following should be considered when determining what the HCW role will be while they are on work self-isolation to reduce the risk of transmission and/or negative outcomes if transmission occurs.

Lower  Higher	<b>Client / Pt Vaccine Status</b>	<b>Client / Pt Health Status</b>	<b>Type of services / care</b>
	<input type="checkbox"/> 3 Doses  <input type="checkbox"/> 2 Doses  <input type="checkbox"/> Unvaccinated	<input type="checkbox"/> Healthy   <input type="checkbox"/> Immunocompromised	<input type="checkbox"/> Physically distanced <input type="checkbox"/> Limited interaction   <input type="checkbox"/> Prolonged interaction <input type="checkbox"/> Close care

In addition to protecting clients / patients, it is imperative to prevent transmission to other staff to prevent illness and to preserve your workforce. All staff must follow all recommended public health measures for your specific setting, including physical distancing, limiting staff to staff interactions, and wearing the appropriate PPE.