Coronavirus COVID-19





Interim Guidance on Return to Work for Health-Care Workers with Confirmed or Suspected COVID-19 and Management of Health-Care Worker Exposures to COVID-19

Updated: June 28, 2022

This guidance is for health-care employees and employers, health-care providers, workplace health and safety (WHS), public health staff as well as medical health officers (MHOs) to support decision-making on return to work for health-care workers (HCWs) and providers with confirmed or suspected COVID-19. This includes HCWs with a positive COVID-19 test (e.g., rapid antigen test (RAT) or polymerase chain reaction (PCR), HCWs with symptoms compatible with COVID-19 who tested negative or who were not tested, HCWs who travelled outside of Canada and HCWs who had close contact with a confirmed COVID-19 case. This guidance also provides recommendations for management of HCWs with close contact exposures.

This guidance applies to all health-care facilities, programs and services, including acute care, long-term care and seniors' assisted living, community physician offices and primary care offices, outpatient clinics as well as other settings where health-care services are provided. All HCWs and staff must follow immunization-related requirements in accordance with <u>orders</u> and policies from the provincial health officer (PHO), their local MHO, their regulatory college and their employer. This requires HCWs and staff specified in the PHO's <u>Hospital and Community</u> (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures order to be fully vaccinated for COVID-19 to work unless medically exempt.

See the B.C. Centre for Disease Control's (BCCDC's) <u>testing page</u> for the latest COVID-19 testing criteria. The recommendations in this document may change as more information and evidence becomes available on COVID-19. If a HCW does not meet the testing criteria, their symptoms may still require them to stay away from work for reasons other than COVID-19.

The decision to extend self-isolation for HCWs beyond the timelines in this document should be made in consultation with an individual's most responsible medical provider. The decision to discontinue self-isolation earlier than recommended should be made in consultation with MHOs, public health and WHS based on the potential risk of transmission to others. Factors to consider include:

Severity and length of the illness.
Individual factors (e.g., severely immunocompromised individuals may shed virus for longer).
Activities of the recovering individual.
Close contact with vulnerable populations (e.g., seniors, severely immunocompromised).
Other situational and local context-specific factors (e.g., whether the person is

confirmed to be infected with a variant of concern with different transmission dynamics).

Please see <u>BCCDC's interim guidance on public health management of cases and contacts</u> <u>associated with novel coronavirus (COVID-19)</u> for information on the incubation period and period of communicability for the SARS-CoV-2 virus.

Criteria for Return to Work

The following tables outline the criteria that must be met before a HCW can return to work subject to the status of their COVID-19 test or risk factors.

This criteria is based on <u>BCCDC's interim guidance on public health management of cases and contacts associated with novel coronavirus (COVID-19)</u>, as well as the Government of Canada's <u>Quarantine Order</u>, which informs the mandatory **quarantine** periods following travel outside of Canada. While this document summarizes the criteria as applicable to HCWs, the public health body implementing those recommendations and requirements is ultimately responsible for the final interpretation and decision.

For Fully Immunized Health-Care Workers

Please see the numbered annotations below the table for clarification of details.

HCW COVID-19 Status	Return to work if the following criteria are met:
Tested COVID-19 POSITIVE (RAT or PCR)	 Individuals with asymptomatic, mild or moderate illness that can be managed at home and are not moderately nor severely immune compromised (see annotation 1): ☑ Resolution of fever for 24 hours without the use of fever-reducing medication; AND ☑ Improvement in symptoms. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), the HCW may return to work when they feel well enough, while wearing a medical mask at all times and following the return-to-work precautions listed below until their mild symptoms resolve (see annotation 2); AND ☑ At least five days (minimum) have passed since the onset of symptoms for those who are fully immunized for COVID-19 (see annotation 3); AND ☑ Follow return to work precautions listed below. More severe or critical illness (e.g., hospitalized directly due to COVID-19), and those who are moderately immune compromised (see annotation 1): ☑ Resolution of fever without the use of fever-reducing medication; AND

HCW COVID-19 Status	Return to work if the following criteria are met:
	 ☑ Improvement in symptoms. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), the HCW may return to work when they feel well enough, while wearing a medical mask at all times and following the return-to-work precautions listed below until their symptoms resolve (see annotation 2); AND ☑ 20 days have passed since the onset of symptoms (see annotation 3). Those who are severely immune compromised (see annotation 1): As determined by the individual's most responsible care provider, at least 20 days, but potentially longer.
Tested COVID-19 NEGATIVE [including HCWs who have a risk factor for COVID-19 (e.g., travel, close contact) and developed symptoms]	If alternate diagnosis is identified, including other infectious diseases (e.g., influenza, RSV, norovirus, other respiratory and gastrointestinal infections), follow return to work guidance based on organizational staff illness policies for that illness. Otherwise: ☐ Resolution of fever without the use of fever-reducing medication; AND ☐ Improvement in symptoms. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), the HCW may return to work when they feel well enough, while wearing a medical mask at all times and following the return to work precautions listed below until their mild symptoms resolve (see annotation 4); AND ☐ If applicable, completion of mandatory quarantine period for travel outside of Canada; AND ☐ Asymptomatic, fully immunized individuals (see annotation 5) will not need to self-isolate unless directed otherwise. Exceptions may be made by the MHO or their delegate for HCWs considered critical on a case-by-case basis by a health-care operational lead (See annotation 6 for more information on exceptions).

Return to work if the following criteria are met: **HCW COVID-19** Status Not tested but has If alternate diagnosis is identified, including other infectious diseases symptoms that **meet** (e.g., influenza, RSV, norovirus, other respiratory and gastrointestinal COVID-19 testing infections), follow return to work guidance based on organizational criteria (including staff illness policies for that illness. Otherwise: clinical judgement) Get tested for COVID-19, if eligible as per testing guidance, and follow appropriate recommendations based on the result; OR Resolution of fever without the use of fever-reducing medication; **AND** ☐ Improvement in symptoms. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), the HCW may return to work when they feel well enough while wearing a medical mask at all times and following the return to work precautions listed below until their mild symptoms resolve (see annotation 2); AND At least five days have passed since the onset of symptoms (see annotation 1); AND ☐ If required, completion of mandatory **quarantine period** for travel outside of Canada. Not tested and has Do not come to work if feeling sick. symptoms that do Follow regular employer/organizational staff illness policies on not meet COVID-19 return to work, including staying home until symptoms improve. testing criteria (see ☐ If mild respiratory symptoms persist (e.g., runny nose, sore throat, annotation 4) mild headache), a HCW may return to work when they feel well enough while wearing a medical mask at all times and following the earlier return precautions listed below until their mild symptoms resolve (see annotation 4 below for more information). **Asymptomatic** but Generally: has risk factor for Asymptomatic, fully-immunized individuals (see annotation 5) will COVID-19 not need to self-isolate unless directed otherwise. (e.g., travel, close Self-monitoring of symptoms is always required regardless of contact) vaccination/recent infection status. Adhere to the return-to-work precautions listed below following close contact exposure. **Travelled outside of Canada:** ☐ Fully vaccinated travelers may be exempt from the requirement to quarantine after travel outside of Canada. Please see the

HCW COVID-19 Status	Return to work if the following criteria are met:
	Government of Canada's website for the most up-to-date information.
	Exceptions may be made by the MHO or their delegate for staff considered critical on a case-by-case basis by a health-care operational lead (see annotation 6).
	If HCWs develop symptoms compatible with COVID-19 , they must self-isolate and follow BCCDC <u>testing guidance</u> as required.

For Partially Immunized/Unimmunized Health-Care Workers

Please see the numbered annotations *below* the table for clarification of details.

HCW COVID-19 Status	Return to work if the following criteria are met:
Tested COVID-19 POSITIVE (RAT or PCR)	Individuals with asymptomatic or mild to moderate illness that can be managed at home and are not moderately nor severely immune compromised OR who have received medical exemptions for vaccination (see annotation 1): Resolution of fever for 24 hours without the use of fever-reducing medication; AND Improvement in symptoms. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), the HCW may return to work when they feel well enough while wearing a medical mask at all times and following the return-to-work precautions listed below until their mild symptoms resolve (see annotation 2); AND At least 10 days have passed since the onset of symptoms for those partially vaccinated or unvaccinated (see annotation 3). More severe or critical illness (e.g., hospitalized directly due to COVID-19), and those who are moderately immune compromised (see annotation 1): Resolution of fever without the use of fever-reducing medication; AND Improvement in symptoms. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), the HCW may return to work when they feel well enough while wearing a medical mask at all times and following the return-to-work precautions listed below until their mild symptoms resolve (see annotation 2); AND

HCW COVID-19 Status	Return to work if the following criteria are met:
	 20 days have passed since the onset of symptoms (see annotation 3). Those who are severely immune compromised (see annotation 1): As determined by the individual's most responsible care provider, at least 20 days, potentially longer.
Tested COVID-19 NEGATIVE [including HCWs who have a risk factor for COVID-19 (travel, close contact) and developed symptoms]	If alternate diagnosis is identified, including other infectious diseases (e.g., influenza, RSV, norovirus, other respiratory and gastrointestinal infections), follow return to work guidance based on organizational staff illness policies for that illness. Otherwise: ☐ Resolution of fever without the use of fever-reducing medication; AND ☐ Improvement in symptoms. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), the HCW may return to work when they feel well enough, while wearing a medical mask at all times and following the return-to-work precautions listed below until their mild symptoms resolve (see annotation 4); AND ☐ If applicable, completion of mandatory quarantine period for travel outside of Canada. Exceptions may be made by the MHO or their delegate for HCWs considered critical on a case-by-case basis by a health-care operational lead (see annotation 6).
Not tested but has symptoms that meet COVID-19 testing criteria (including clinical judgement)	If an alternate diagnosis is identified, including other infectious diseases (e.g., influenza, Respiratory syncytial virus (RSV), norovirus, other respiratory and gastrointestinal infections), follow return to work guidance based on organizational staff illness policies for that illness. Otherwise: Set tested for COVID-19, if eligible as per testing guidance, and follow appropriate recommendations based on the result; OR Resolution of fever without the use of fever-reducing medication; AND Improvement in symptoms (see annotation 2); AND At least 10 days have passed since the onset of symptoms for those who are partially/unimmunized for COVID-19 (20 days if severe illness or severely immunocompromised) (see annotation 1); AND

HCW COVID-19 Status	Return to work if the following criteria are met:
	☐ If required, completion of mandatory quarantine period for travel outside of Canada;
Not tested and has symptoms that do not meet COVID-19 testing criteria	 ☑ Do not come to work if feeling sick. ☑ Follow regular employer/organizational staff illness on return to work, including staying home until symptoms improve. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), a HCW may return to work when they feel well enough while wearing a medical mask at all times and following the earlier return precautions listed below until their mild symptoms resolve (see annotation 4).
Asymptomatic but	Generally:
has risk factor for COVID-19	Self-monitoring of symptoms is required regardless of vaccination/recent infection status.
(e.g., travel, close contact)	Adhere to the <u>return-to-work precautions</u> listed below following close contact exposure.
	Travelled outside of Canada:
	Fully vaccinated travelers may be exempt from the requirement to quarantine after travel outside of Canada. Please see the Government of Canada's website for the most up-to-date information.
	Exceptions may be made by the MHO or their delegate for staff considered critical on a case-by-case basis by a health-care operational lead (see annotation 6).
	If HCWs develop symptoms compatible with COVID-19 , they must self-isolate and follow BCCDC's <u>testing guidance</u> as required.

1. A HCW with confirmed COVID-19 and mild to moderate illness that can be managed at home should self-isolate for a minimum of five days from the onset of symptoms for those who are fully immunized for COVID-19 and 10 days from the onset of symptoms if partially immunized or unimmunized AND until symptoms have improved and fever has resolved without the use of fever-reducing medication. A HCW with severe illness or who is moderately immunocompromised (both as defined in BCCDC's interim public health management guidance) should self-isolate for 20 days from the onset of symptoms. Those who are severely immunocompromised should self-isolate for at least 20 days, possibly

longer, as determined by the individual's most responsible care provider. HCWs who never developed symptoms, but tested positive should self-isolate for:

- at least five days after the date of their first positive test result for COVID-19 if fully immunized,
- 10 days after the date of their first positive test result if partially immunized/unimmunized.
- 2. The period of self-isolation may change based on discretion of the MHO or their delegate. Excludes baseline symptoms of pre-existing or chronic respiratory symptoms known to be caused by another illness. Fever resolution needs to occur without fever reducing medication. Residual dry cough after 10 days from symptom onset may persist for several weeks. HCWs with a residual dry cough are not considered to be infectious if their temperature is back to normal without the use of fever-reducing medication (e.g., acetaminophen or ibuprofen) and there is improvement in clinical symptoms, including respiratory, gastrointestinal (GI) and systemic symptoms.
- 3. Re-testing for COVID-19 is NOT required prior to return to work. However, for severely immunocompromised HCWs and those with severe disease, consult the MHO, medical microbiologist or infectious disease physician and employer prior to returning to work.

4. The following must be considered for return to work with mild respiratory symptoms:

- a) Mild symptoms of common respiratory illnesses (e.g., runny nose, sore throat, mild headache) can persist for a week or more. HCWs with mild symptoms who tested negative for COVID-19 or do not meet the COVID-19 testing criteria may return to work if they feel well enough and are following the return-to-work precautions listed below, including wearing a medical mask at all times.
- b) HCWs must not come to work if they are still feeling sick, have a fever or have acute GI symptoms such as vomiting or diarrhea.
- c) In general, returning to work while symptomatic should be considered the exception and not the rule and should be avoided in settings with patients who are at risk of developing more severe disease or outcomes from COVID-19.
 - The decision for a HCW to return to work with mild symptoms should be made on a case-by-case basis through a risk assessment done by the individual HCW and their leader.
 - The risk assessment should weigh the benefits of return to work versus any
 possible risk of transmission of not only COVID-19 but also other infectious
 diseases and should outline the earlier return precautions that need to be taken.
 - Consultation with public health, WHS and IPC should be conducted as needed.
- d) Consideration needs to be given for HCWs that have an underlying medical condition, which makes them immunocompromised and may impair/delay their response to infection.
- e) If the HCW's condition worsens and clinical suspicion for COVID-19 remains, re-testing for COVID-19 should be considered in consultation with their health-care provider.

- f) Evaluation for other infectious diseases with signs and symptoms similar to COVID-19 should also be considered (e.g., influenza, RSV). If another illness is identified, follow return to work guidance for that illness.
- 5. For the purpose of post-exposure management, a HCW is considered <u>fully immunized or temporarily protected</u> and may <u>self-monitor</u> after a high-risk exposure if any one of the following criteria are met:
 - Fully immunized: **Two dose vaccine series completed** (e.g., Pfizer-BioNTech, Moderna, AstraZeneca/COVISHIELD).
 - Fully immunized: **Single dose vaccine series completed** (e.g., Janssen/Johnson & Johnson) It has been more than 21 days after receiving their dose.
 - Temporarily protected: **Prior lab-confirmed infection with no vaccine** It has been 90 days or less since recovery (end of infectious period).
 - Temporarily protected: **Prior lab-confirmed infection with one dose of vaccine** It has been more than seven days after receiving their first dose.

All other HCWs are considered <u>partially immunized or unimmunized</u>. This includes HCWs with only one dose of vaccine in a two-dose series, no vaccine doses or a prior infection that was more than 90 days ago with no vaccine.

- 6. Exceptions for requirements to self-isolate for critical HCWs must be determined on a case-by-case basis by the MHO or their delegate, at the request of a health-care operational lead. Any exceptions must consider the following:
 - a) The HCW is considered critical to patient safety and care delivery during this period by their operational lead.
 - b) The HCW has a role that cannot be fulfilled by an alternate staff member and all staffing options have been exhausted.
 - c) The HCW's duties require them to be on-site during this period.
 - d) The benefit of return to work outweighs the risk of possible transmission, considering individual factors, including disease severity and immunocompromised status, with appropriate consultation with public health, WHS, IPC and the federal quarantine officer, as required.
 - e) The HCW follows the return-to-work precautions listed below, including wearing a medical mask at all times, self-isolating when not at work and self-monitoring for symptoms.

Earlier Return to Work to Maintain Base Staffing Levels

Health-care operational leads might determine that the return-to-work approaches outlined above cannot be followed due to the need to support base staffing requirements. In such scenarios:

- HCWs should be evaluated by the MHO and WHS to determine appropriateness of earlier return to work than recommended. This evaluation should be conducted with appropriate consultation and consideration of the factors listed above, including disease severity, immunocompromised status and other factors.
- If a HCW returns to work **earlier than recommended above**, they must adhere to the return-to-work precautions listed below.

Management of HCWs with Close Contact Exposures

All Contacts (regardless of vaccination status)

- Self-monitor for the appearance of symptoms consistent with COVID-19
- Follow recommended public health measures and adhere to the return-to-work precautions listed below.
- If symptoms occur, isolate away from others, particularly within the home or co-living setting as quickly as possible; put on a medical mask.
- Follow the <u>COVID-19</u>: <u>Viral Testing Guidelines</u> for British Columbia for testing recommendations.

The definition for a high-risk close contact can be found in the <u>BCCDC's interim public health</u> <u>management</u> guidance.

Return to Work Precautions

If returning to work earlier than recommended OR between day five to 10 from the onset of symptoms, OR following a close contact exposure, a HCW should:

- Always wear a medical mask in all areas of the workplace, including when their routine
 work environment does not require PPE. They must also wear all other PPE as advised
 by provincial or health authority guidance.
- Conduct duties virtually whenever possible.
- <u>BCCDC's interim public health guidance</u> and measures outside of work, including required self-isolation period requirements in the community.
- To the extent practical, reduce close contact with other HCWs by respecting personal space and avoiding shared spaces (e.g., break rooms).
- Where possible, be restricted from contact with severely immunocompromised patients and those who are at risk of developing more severe disease or outcomes from COVID-19, until 10 days after last known exposure/onset of symptoms or until mild symptoms resolve.
- Adhere diligently to hand hygiene, respiratory hygiene and other infection prevention and exposure control measures of the workplace.
- Avoid greetings that require physical contact, such as shaking hands.
- Avoid close contact with others when travelling to and from work and between shifts.
- Follow all the recommended procedures issued by the quarantine officer and BCCDC if the HCW has travelled.

- Continue to self-monitor daily for signs and symptoms of illness.
- If symptoms re-appear or worsen during work, inform a supervisor to arrange for a replacement, safely transfer essential care as soon as possible, go home directly to self-isolate and seek a re-evaluation from WHS.
- Follow any additional institutional policies or guidance.