COVID 19 Risk Assessment Resource: Management of Critical Staffing Shortages in Highest Risk Settings

Public Health Sudbury & Districts
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This resource was developed to assist and support employers and operators of highest risk settings by providing key factors for employers to consider in their decision-making process for how to manage critical staffing shortages in the context of the current Omicron surge. Detailed information on the requirements for considering early return to work of staff can be found on the Ministry of Health website and include:

- *COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge*
- *COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings*.

These documents are to be used together with other relevant Ministry and sector specific guidance documents, Ministry Directives, and your internal policies and procedures.

Background

Ideally staff who are directed to isolate in accordance with Ministry COVID-19 guidance, either as a case or as a contact, should not be working. This is the safest strategy. However, in the context of unprecedented surges of the Omicron variant, the Interim Guidance provides for an early return to work strategy to support facilities to meet critical workforce needs for highest risk settings.

This tool is applicable only to the following highest risk settings:

- Hospitals including complex continuing care facilities and paramedic services; and
- Congregate living settings, including long-term care homes, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, and correctional facilities.

What is a critical staffing shortage?

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 that 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, consider the information below in order to support early return to work strategies.

General considerations

Considerations for return to work include both administrative practices and workplace exposure considerations. This includes the number of staff required to be returned to ensure business continuity and provision of safe operations, the ability of the setting to ensure compliance with return-to-work requirement, the type of work required, and the availability of resources to support safe implementation (i.e., PPE, access to testing, etc.). It also includes assessment of staff eligibility for return-to-work based on their exposure history and their current health status (i.e., length of time since exposure, vaccination status, and type of exposure (ongoing versus discrete).

Administrative and workplace considerations are outlined in current ministry guidance.

Staff eligible for return-to-work must meet the current ministry criteria. This would include being:

- Asymptomatic
- Actively screened in accordance with ministry criteria

- Fully vaccinated (with preference given for those with booster doses)
- Previously positive (in accordance with ministry timelines)
- Tested in accordance with current "test-to-work" guidelines

Staff participating in return-to-work must also adhere to ministry recommendations including:

- Avoid working with vulnerable persons (i.e., immunocompromised, unvaccinated, other underlying risks for severe disease).
- Reducing exposure to co-workers (not eating meals/taking breaks in a shared spaces)
- Limiting work location to a single facility
- Use of well-fitting source control masking for staff on early return to work to reduce the risk of transmission (e.g., well fitting medical mask or fit or non-fit tested N95 respirator or KN95).
- Choosing and using other PPE properly in accordance with risk assessment
- Meticulous IPAC practices (i.e., hand hygiene, physical distancing and environmental cleaning)

Assessing Staff Exposure History

Not all exposures pose the same degree or extend of risk. In addition, there are protective factors that can reduce overall risk. The following tables can be used to assist facilities in assessing staff exposure histories and can be helpful in prioritizing staff eligible to return-to-work. Those with lower exposure risks should be prioritized to return over those staff with higher exposure risks. The risk assessment tools below will help facilities identify and prioritize workers and roles that will be used during critical staffing shortages as part of an early return-to-work strategy.

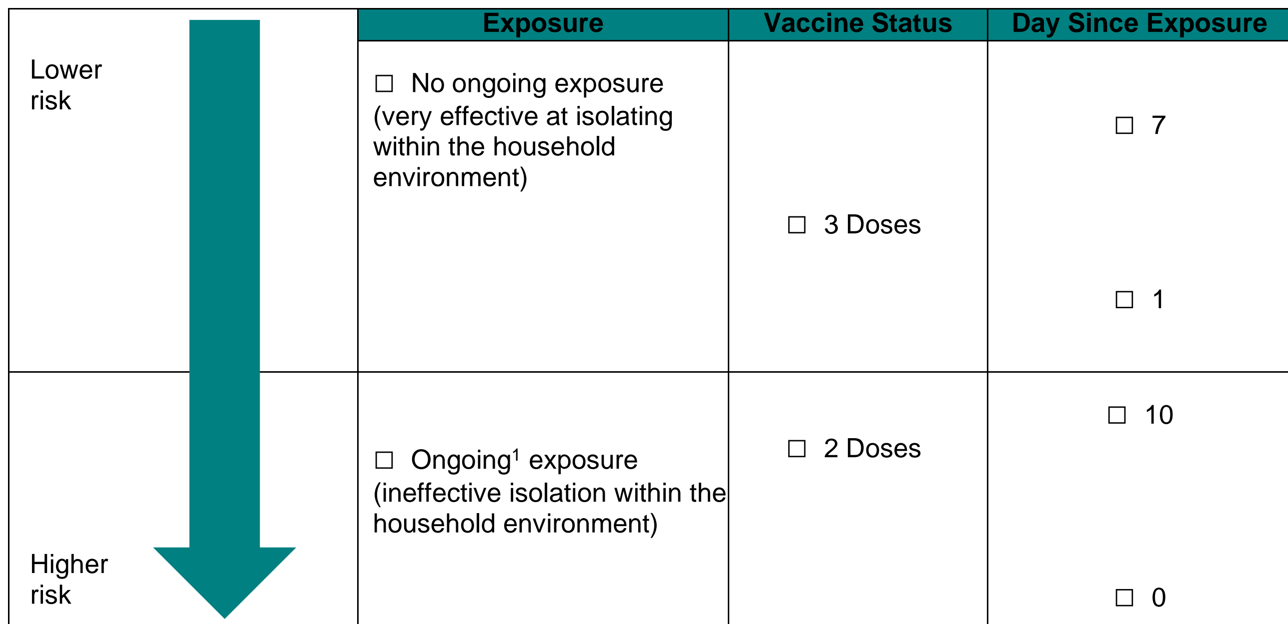
Tool 1: Assessment of Staff with discrete exposures (an exposure that happened at a point in time and is not ongoing)

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. Perform an assessment to confirm these details to determine risk. Staff with outdoor, distanced and short duration exposures, those who have booster doses of vaccine and those who are further in time from their last exposure would be considered lower risk than staff who had longer indoor exposures, who have fewer vaccine doses or are closer in time from their last exposure.

	Exposure	Vaccine Status	Days Since Exposure
Lower risk	☐ Limited ☐ Outdoor ☐ Distanced ☐ Masks on	☐ 3 Doses	☐ 7
Higher risk	☐ Prolonged ☐ Indoor ☐ Close ☐ Masks off	☐ 2 Doses	☐ 1

Tool 2: Assessment of Staff with Ongoing Exposures (i.e. ongoing contact to a household case)

These are individuals who are household contacts of a case and who may have ongoing exposure to the case in the household environment. Perform an assessment to confirm these details to determine risk. Staff who can effectively self-isolate in the home, those who have booster doses of vaccine and those who are further in time from their last exposure would be considered lower risk than staff who have challenges with self-isolation, who have fewer vaccine doses or are closer in time from their last exposure.

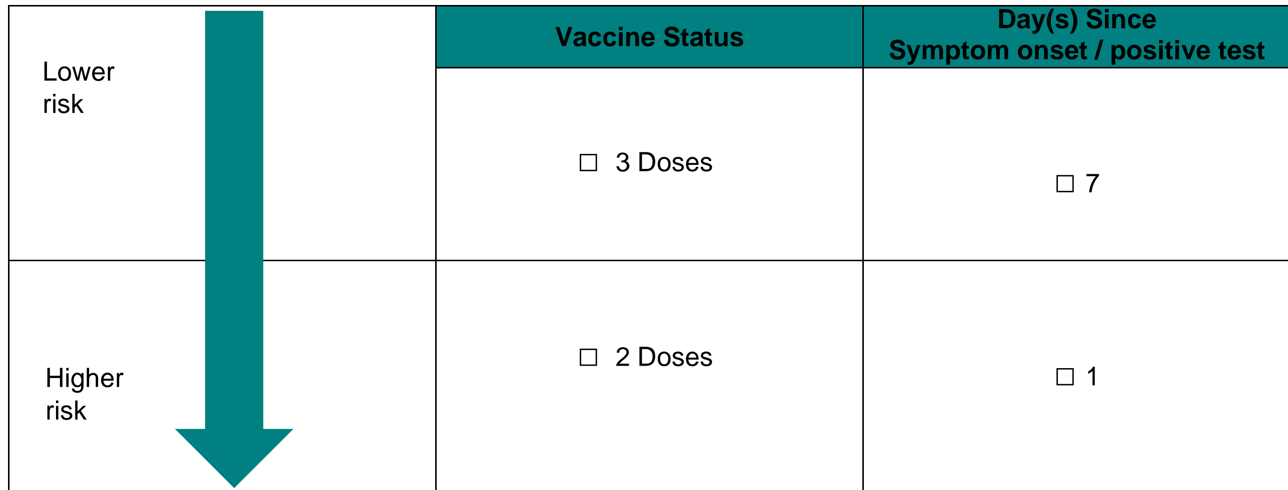


	Exposure	Vaccine Status	Day Since Exposure
Lower risk	☐ No ongoing exposure (very effective at isolating within the household environment)	☐ 3 Doses	☐ 7 ☐ 1
Higher risk	☐ Ongoing[1] exposure (ineffective isolation within the household environment)	☐ 2 Doses	☐ 10 ☐ 0

*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 health status (i.e., immunocompromised) and vaccination status of case.*

Tool 3: Assessment of Staff who are Cases

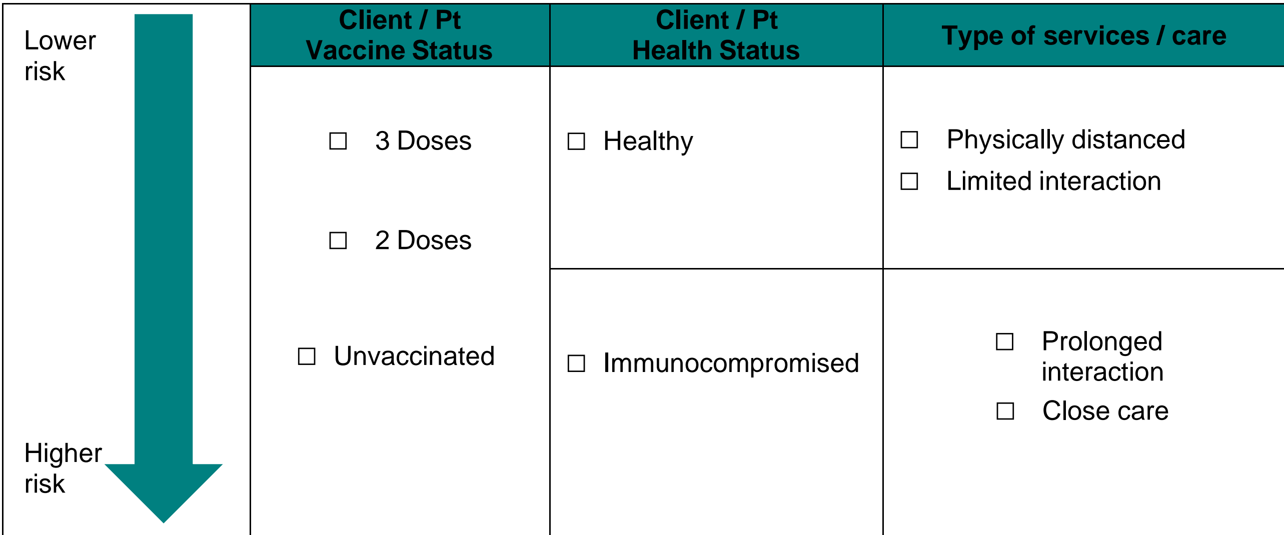
Early return to work of cases should be considered in accordance with [ministry guidance](). Staff cases who are being considered for early return-to-work should be assessed to determine risk. Those who have booster doses of vaccine, whose symptoms resolved early and who are nearing completion of their isolation period would be considered lower risk than those who have fewer vaccine doses or are early on in their self-isolation period.



	Vaccine Status	Day(s) Since Symptom onset / positive test
Lower risk	☐ 3 Doses	☐ 7
Higher risk	☐ 2 Doses	☐ 1

Tool 4: Assessing Staff Roles

HCWs prioritized for return-to-work must follow current ministry guidelines and should **avoid working with vulnerable individuals (i.e., immunocompromised, unvaccinated, other underlying risks for severe disease)**. In addition, the following should be considered when determining what the HCW role will be during early return to work to reduce the risk of transmission and/or negative outcomes if transmission occurs. Ideally work assignments that pose the least risk to patients should be prioritized.



	Client / Pt Vaccine Status	Client / Pt Health Status	Type of services / care
Lower risk	☐ 3 Doses ☐ 2 Doses	☐ Healthy	☐ Physically distanced ☐ Limited interaction
Higher risk	☐ Unvaccinated	☐ Immunocompromised	☐ Prolonged interaction ☐ Close care

Using the risk assessment tools in this document can help facilities/settings identify and prioritize staff for early return-to-work in the event of critical staffing shortages. The specific requirements for managing critical staffing shortages are outlined in current ministry guidance documents and must be reviewed and considered within the context of these tools when using them to assist with risk assessments.