HEALTHCARE PROVIDER ALERT March 19, 2020



If you have any questions or concerns, please contact your local
Timiskaming Health Unit:

Monday to Friday 8:30 a.m. – 4:30 p.m.

New Liskeard

Tel: (705) 647-4305 Toll Free: (866) 747-4305 Fax: (705) 647-5779

Kirkland Lake

Tel: (705) 567-9355 Toll Free: (866) 967-9355 Fax: (705) 567-5476

After-Hours or Weekend On-Call Number (705) 647-3033

www.timiskaminghu.com

IMPORTANT UPDATE ON COVID-19 – MEMO FROM CMOH

o: Physicians, Nurse Practitioners, Nurses Hospital Infection Control Departments Hospital Emergency Departments

Dr. David Williams, CMOH, released a memo this morning titled **Managing Health Worker Illness and Return to Work COVID-19**. Here is a summary of the recommendations; the full memo is attached.

Travel and Return to Work

All employees who have travelled outside of Canada within the last 14 days are to self-isolate for 14 days starting from their arrival in Ontario. They should not attend work if they are sick.

This applies to all Health Care Workers. Health Care Workers should not attend work if they are ill. If there are particular workers who are deemed critical, by all parties, to continued operations, these workers can attend work is they are asymptomatic but should undergo regular screening, use appropriate PPE for 14 days as well as self-monitor. This includes taking their temperature twice a day to monitor for fever, and immediately self-isolate if symptoms develop as well as informing their workplace.

Social Distancing

Everyone in Ontario should be practicing social distancing. Employers should facilitate social distancing of 2 meters in the workplace where possible. Attempts should be made to work virtually or from home when possible.

Ongoing Screening, Self-Monitoring and Self-Isolation

Workplaces should develop a strategy for screening and symptom monitoring where there are inpatients or residential or institutional settings. If a health worker begins to feel ill while at work, they should immediately don a surgical mask and seek direction.

Return to Work after Illness

Health workers should consult public health and their manager/occupational health and safety department to plan their safe return to work.

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We are waiting for direction on when a recovered health care worker can return to work. In the interim, for workers who don't have COVID-19 and have not traveled, my present direction is workers can return to work 48 hours after symptom resolution.

The turn-around time for COVID-19 swab results is increasing. At present, results are taking at least 4 days plus transport time to Toronto. There is no word to date on when northern labs will be able to start processing COVID-19 swabs. Currently, STAT processing is available for priority categories ie: Health Care Workers, hospitalized patients and post-mortem testing. Make sure that STAT and priority category is noted on the requisition and a STAT transport bag is used. Workers must stay in self-isolation until the swab results are known.

See self-isolation instructions <u>here</u>.

Please note as of March 19, 2020, a daily testing/swab summary is available on THU website www.timiskaminghu.com.

Dr. Glenn Corneil

Acting Medical Officer of Health/CEO



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March 19, 2020

Re: Managing Health Worker Illness and Return to Work COVID-19

Ontarians rely on our health system everyday to stay healthy and sustain life – this is true now more then ever. As we continue to implement enhanced public health measures to mitigate the spread of COVID-19 in Ontario, it is vital that health services, and the workers who contribute to these areas, continue to provide care to the people of Ontario.

To protect the health system and its workers from COVID-19, we must balance public health measures and the need to control the spread of disease with appropriate flexibility to ensure that critical health services continue to operate.

I am therefore making the following recommendations to all parts of the health sector:

Travel and Return to Work

Where employees have travelled outside of Canada within the last 14 days and are seeking to return to work, it is important to balance the protection of the health system and the continued operation of these settings.

Consistent with my earlier recommendations, it is very important that all health system organizations and employers immediately <u>cease all non-essential business travel</u> outside of Canada until further notice and likewise discourage employee travel.

I am recommending that Health Care Workers who have travelled outside of Canada within the last 14 days self-isolate for a period of 14 days starting from their arrival in Ontario. Health Care Workers should not attend work if they are sick. If there are particular workers who are deemed critical, by all parties, to continued operations, I recommend that these workers undergo regular screening, use appropriate Personal Protective Equipment (PPE) for the 14 days and undertake active self-monitoring, including taking their temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop and self-identify to their occupational health and safety department.

Practice Social Distancing and Facilitate Virtual Arrangements

Everyone in Ontario should be practicing <u>social distancing</u> of 2 meters to reduce their exposure to other people. Employers should facilitate arrangements to ensure that this is practiced in the workplace to every extent possible.

While other services are decreasing their operations, in health care you are being called upon to care for patients and to be ready for surge. I am asking, where there may be an opportunity, for all health system employers to facilitate work arrangements that enable appropriate employees to work from home or to work virtually, if not re-deployable.

Health system employers should also consider a review of their services and practices to identify how they can provide services to patient groups virtually or remotely.

Ongoing Screening, Self-Monitoring and Self-Isolation

The ministry has provided recommendations and tools to specific sectors for both active and passive screening – these are available on the ministry's <u>COVID-19 website</u>. Each workplace should have a comprehensive strategy for screening and symptom monitoring where there are inpatients or residential or institutional settings and tailor their approach to screening to their unique setting. Screening activities should be focused on patients/residents, volunteers, visitors and staff, and should be done over the phone, upon arrival, at entrances and on a regular basis throughout the day. The goal of screening programs should be to ensure that no person with clinical symptoms consistent with COVID-19, whether they are visitors, caregivers or staff, enters the building – except where they are identified and being clinically assessed by an appropriate provider.

The symptoms of COVID-19 include <u>fever</u>, new cough and <u>difficulty breathing</u>, and these may occur within <u>14 days</u> of an exposure to a case.

All health care providers and health care entity workplaces should monitor for signs of illness. Health system employees should diligently monitor themselves for signs of illness over the course of the pandemic and identify themselves to their manager and/or occupational health and safety departments if they feel unwell. If a health worker begins to feel unwell while at work, they should immediately don a surgical mask and notify their manager and/or occupational health and safety department. It is imperative that we keep hospitals, long-term care homes, health care offices and other health settings free of illness to protect vulnerable patients and residents and other workers in these settings.

Public Health Ontario has excellent fact sheets on how to self monitor and self isolate.

Multiple Locations

We appreciate the unique circumstances of health workers who may work in different care settings and may have different employers.

Health workers who work in multiple locations should identify themselves to their managers and develop an individualized plan to manage their employment across these settings over the course of the pandemic. In some high-risk settings, it may be possible to coordinate arrangements for staff to only work in one institution.

Continuity of Operations and Curtailing Non-Essential Services

All health sector organizations should have a Continuity of Operations plan to redeploy resources, whether human resources, equipment or space, to protect critical services. This may include cross training, cross credentialing or formal redeployment to different functions. As part of these plans, organizations should also have minimum thresholds of staffing in place to ensure that critical services continue to operate.

Employees with comorbidities should also identify themselves to their employers and consider ways to redeploy away from duties associated with COVID-19.

Return to Work after Illness

Health workers should consult their local public health unit and their manager/occupational health and safety department to plan their safe return to work.

Thank you for all of your support. This will be an important part of keeping our health system and its workers protected during this outbreak.

Yours truly,

Original signed by

David Williams, MD, MHSc, FRCPS Chief Medical Officer of Health