Protocols for Front-Line Workers after Exposure to Positive or Symptom-based COVID-19 Cases

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This document is not meant to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

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As a front-line healthcare worker, what PPE is recommended when working with consumers in congregate care settings?

Upon any contact with a client/patient, health officials have indicated that a risk assessment must be done prior to interaction. Dependent on any symptoms of COVID-19 or if there has been a positive COVID-19 case, the healthcare worker must don a N95 mask that has been fit-tested and seal-checked, (or equivalent or greater protection: "There are many different models of respirators on the market including KN95, FN95, FFP2, CAN95 and others. While some of these may meet standards for filter efficiency, not all models do. If a respirator model meets filtration criteria and the respirator is to be used as an N95 equivalent, wearers are required to have the respirator fit tested. If the respirator does not meet filtration criteria, then it cannot be considered equivalent to an N95, but could still be considered a medical mask"), eye protection, gown, and gloves. Other appropriate PPE includes a well-fitted surgical/procedure (medical) mask, or non-fit tested respirator, eye protection, gown and gloves for direct care of patients with suspect or confirmed COVID-19 for some circumstances.

If there is no suspected or confirmed COVID-19 cases, the healthcare worker is able to continue wearing 1 or 2 point PPE in the form of a medical mask and gloves.

*We have included a chart at the end of this document which outlines the proper PPE to be worn for varying situations as per the directive of Ontario Public Health.

As an attendant (PSW), if I have been in contact with a consumer who tested positive for COVID-19, do I have to isolate if I was wearing the proper PPE?

For all front-line health care workers including attendants, as per the Interim Guidance for Cases, Contacts and Outbreak Management in the Omicron Surge, if you have been in close contact with a positive or symptomatic case, and you begin to develop symptoms or have tested positive on a RAT or PCR test, they have recommended a self isolation of 10 days. Cases (positive test or symptoms-based) do not require a test to return to work after 10 days of isolation. If you have worn the recommended PPE for each case, have had a negative RAT or PCR test, and are showing no symptoms, you may continue to work as per your agency's directive.

If I test positive for COVID-19 as a front-line healthcare worker, how long must I self isolate for?

If you test positive for COVID-19, you will have to self isolate for 10 days from symptom onset/positive test or last exposure to a case.

Are there any considerations for early return to work?

The ministry is not suggesting early return to work, however based on if there is a staff shortage and it is a necessity, they are recommending that the staff who are nearest to completion of their self isolation period and those who have been vaccinated with three doses of the COVID-19 vaccine, to be the first to return, within the framework levels. Staff who have either tested positive for COVID-19 in the past 90 days, as they have a lower risk of reinfection, and those who have had lower risk exposures (those who are not living in households with other infected individuals) are also to be assessed first for returning to work early after the before mentioned factors. The ministry has recommended avoiding placing the staff who have returned to work early with any vulnerable patients/residents (immunocompromised, unvaccinated, other underlying risks, etc.).

Framework for critical staffing prioritization

The following table outlines progressive levels of risk options for contingency staffing with early return of close contacts and cases. For close contact, use of rapid antigen testing options is preferred to options when testing is not available. It is the responsibility of the organization implementing this guidance to determine what staffing option to use under their current staffing shortage circumstances.

Risk Level	Close Contacts – Rapid Antigen Testing available	Close Contacts – Contingency when Rapid Antigen Testing is not available	Cases – With or Without Testing Available
Lowest Risk Staffing Option	• Return to work after negative molecular test collected on/after day 7 from last exposure OR • Return to work on day 7 after negative RATs on day 6 and day 7 collected 24 hours apart after last exposure.	Return to work after 10 days from last exposure to the case	• Return to work after 10 days from symptom onset or positive test (whichever is earliest) OR • Return to work after single negative PCR or two negative RATs collected 24 hours apart any time prior to end of time-based clearance (10 days) And symptoms improving for 24 hours (48 hours if vomiting/diarrhea).

Moderate Risk Staffing Options	• Return to work after negative initial molecular test after exposure OR • Return to work after two negative RATs collected 24 hours apart Continue daily RAT until end of 10 day work selfisolation period based on last exposure OR until meet negative PCR or RAT criteria for lowest risk option.	Return to work on day 7 from last exposure, with workplace measures for reducing risk of exposure until day 10.	Return to work on day 7 from symptom onset or positive test (whichever is earliest) without testing, AND if ONLY caring for COVID-19 positive patients/residents. And symptoms improving for 24 hours (48 hours if vomiting/diarrhea).
Higher Risk Staffing Options	Return to work after single negative RAT prior to first shift. Continue daily RAT until end of 10 day work selfisolation period based on last exposure OR until meet negative PCR or RAT criteria for lowest risk option.	Return to work on day 5 after last exposure and continue workplace measures for reducing risk of exposure until day 10.	Return to work earlier than day 7 (i.e., day 6 preferable to day 5, etc) without testing, AND if working ONLY with COVID-19 positive patients/residents. And symptoms improving for 24 hours (48 hours if vomiting/diarrhea)

*Please note that agencies have to recognize that these are considerations and all areas need to be adapted to meet your operational needs.

Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 -

Health Care Facilities – Inpatient Facilities

Setting	Individual	Activity	Recommended PPE (pending further data on Omicron)	Other appropriate PPE and considerations
Patient room	Health care workers	Providing direct care to patients with suspect or confirmed COVID-19	• N95 respirator (fit-tested, seal-checked) • Isolation gown • Gloves • Eye protection	• Medical mask* • Isolation gown • Gloves • Eye protection
Patient room	Health care workers	Aerosol-generating medical procedures performed on suspect or confirmed COVID-19 patients	• N95 respirator (fit-tested, seal-checked) • Isolation gown • Gloves • Eye protection • Negative pressure room, if available	If negative pressure room is not available, place patient in single room and ensure door closed during procedure.
Patient room	Environmental service workers	Entering and cleaning in the room of patients with suspect or confirmed COVID-19	• N95 respirator (fit-tested, seal-checked) • Isolation gown • Gloves • Eye protection	• Medical mask* • Isolation gown • Gloves • Eye protection
Patient room	Visitors	Entering the room of a patient with suspect or confirmed COVID-19	• Medical mask* • Isolation gown • Gloves • Eye protection	Visitors should be limited to those providing essential care Consider restricting to only those fully vaccinated
Patient Room	Transient activities (e.g., Food service delivery, laundry pick-up/drop-off)	Entering the room of a patient with suspect or confirmed COVID-19	• Medical mask* • Isolation gown • Gloves • Eye protection	Gowns and gloves are only required if direct patient contact.
Other areas of patient transit (e.g., wards, corridors)	All staff, including health care workers	Any activity that does not involve contact with patient suspect or confirmed COVID-19	Routine Practices** and Additional Precautions based on risk assessment.	
Triage	Health care workers	Preliminary screening not involving direct contact	If able to maintain spatial distance of at least 2 m or separation by physical barrier: • Routine Practices**	If unable to maintain spatial distance of at least 2 m or separation by physical barrier: • Medical mask* • Isolation gown • Gloves • Eye protection
Triage	Patient with suspect or confirmed COVID-19	Any	Maintain spatial distance of at least 2 m or separation by physical barrier Provide patient with medical mask* if tolerated and not contraindicated. Patient to perform hand hygiene.	Provide medical mask* to accompanying caregivers.
Administrative areas	All staff, including health care workers	Administrative tasks that do not involve contact with patients	• Routine Practices**	

*A non-fit tested N95 (or equivalent) respirator is considered an alternative to a medical mask.
**Routine practices currently includes universal medical masking for healthcare workers.

Health Care Facilities – Ambulatory and Outpatient Settings/Clinics

Setting	Individual	Activity	Recommended PPE (pending further data on Omicron)	Other appropriate PPE and considerations
Consultation or exam room/area	Health care workers	Providing direct care to patients with suspect or confirmed COVID-19	• N95 respirator (fit-tested, seal-checked) • Isolation gown • Gloves • Eye protection	• Medical mask* • Isolation gown • Gloves • Eye protection
Consultation or exam room/area	Patients with suspect or confirmed COVID-19	Any	• Provide medical mask* if tolerated and not contraindicated. • Perform hand hygiene	Provide medical mask* to accompanying caregivers.
Consultation or exam room/area	Environmental service Workers	After and between consultations with patients with suspect or confirmed COVID-19	• Medical mask* • Isolation gown • Gloves • Eye protection	
Waiting room	Patient with suspect or confirmed COVID-19	Any	• Provide medical mask* if tolerated and not contraindicated. • Immediately move the patient to a single patient room or separate area away from others; if this is not feasible, ensure spatial distance of at least 2 m from other patients.	Provide medical mask* to accompanying caregivers.
Administrative areas	All staff, including health care workers	Administrative tasks that do not involve contact with patients	• Routine Practices**	
Triage/Reception	Health care workers	Preliminary screening not involving direct contact	If able to maintain spatial distance of at least 2 m or separation by physical barrier: • Routine Practices**	If unable to maintain spatial distance of at least 2 m or separation by physical barrier: • Medical mask* • Isolation gown • Gloves • Eye protection
Triage/Reception	Patients with suspect or confirmed COVID-19	Any	• Maintain spatial distance of at least 2 m or separation by physical barrier. • Provide medical mask* if tolerated and not contraindicated.	Provide medical mask* to accompanying caregivers

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Other Settings

Setting	Individual	Activity	Recommended PPE (pending further data on Omicron)	Other appropriate PPE and considerations
Home Care	Health care workers	Providing direct care to clients/patients with suspect or confirmed COVID-19	• N95 respirator (fit-tested, seal-checked) • Isolation gown • Gloves • Eye protection	• Medical mask* • Isolation gown • Gloves • Eye protection Minimize other household members / individuals in the room; if presence required, individual should be masked. Keep windows open if possible.
Home Care	Health care workers	Aerosol-generating medical procedures performed on clients/patients with suspect or confirmed COVID-19	• N95 respirator (fit-tested, seal-checked) during AGMP • Isolation gown • Gloves • Eye protection	Minimize other household members / individuals in the room during procedure; if presence required, individual should be masked. Keep windows open if possible.
Long-term care home/retirement home	Health care workers	Providing direct care to residents with suspect or confirmed COVID-19	• N95 respirator (fit-tested, seal-checked) • Isolation gown • Gloves • Eye protection	• Medical mask* • Isolation gown • Gloves • Eye protection
Long-term care home/retirement home	Health care workers	Performing an AGMP (e.g. CPAP and/or open suctioning) on residents with suspect or confirmed COVID-19	• N95 respirator (fit-tested, seal-checked) • Isolation gown • Gloves • Eye protection	Manage in single room with door closed. Keep the number of people in the room during the procedure to a minimum.
Long-term care home/retirement home	Environmental service workers	Entering and cleaning in the room of patients with suspect or confirmed COVID-19	• N95 respirator (fit-tested, seal-checked) • Isolation gown • Gloves • Eye protection	• Medical mask* • Isolation gown • Gloves • Eye protection
Long-term care home/retirement home	Administrative areas	Administrative tasks that do not involve contact with resident with suspect or confirmed COVID-19	• Routine Practices**	
Long-term care home/retirement home	Visitors	Entering the room of a resident with suspect or confirmed COVID-19	• Medical mask* • Isolation gown • Gloves • Eye protection	Visitors should be limited to those providing essential care Consider restrictions to only those fully vaccinated

*A non-fit tested N95 (or equivalent) respirator is considered an alternative to a medical mask.
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Sources:

1: https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en#:~:text=the%20Omicron%20(B.-,1.1.,protection%2C%20gown%2C%20and%20gloves.

2: COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings (gov.on.ca)

3: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/dir_mem_res.aspx

4: https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en

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If you think you may be experiencing symptoms of COVID-19, take the self-assessment at www.ontario.ca/coronavirus. Follow all directions from your medical provider or your local health unit at the following phone numbers:

Telehealth Ontario: 1-866-797-0000

Toronto Public Health: 416-338-7600

Peel Public Health: 905-799-7700

Durham Region Health Department: 905-668-7711

York Region Public Health: 1-877-464-9675