CHRIC COVID19 Guidelines for the Onboarding for Health Care Workers, Trainees, and Volunteers

V6 June 16, 2020

Preamble:

- This document deals only with COVID19 onboarding and is meant to be in addition to routine Occupational Health and Safety and Human Resources assessment and training.
- The target populations are new Health Care Worker (HCW) hires, new trainees, and new volunteers in the health sector
- This document provides guidance on COVID-19 specific assessment and risk mitigation
- This guidance is meant to apply to HCWs who work, train or volunteer in COVID-19 outbreak areas.
- This guidance does not apply to HCWs who **only** travel from or work in areas of increased COVID-19 activity

Goals:

1. Prevent transmission of COVID19 from new hires, trainees, and volunteers
2. Standardization of COVID19 CHRIC new HCW assessments, occupational health and safety training and expectations

Assessments:

The following assessments should be included as part of the employers or learning institution's existing on-boarding processes.

1. New hire, trainee, and volunteer assessment
    a. **Recent work, training or volunteering in COVID19 outbreak area**
        i. apply high risk assessment from Guidelines on Deployed Health Care Workers Returning from Long-Term Care Homes and Working Sequentially in Different Long-Term Care Homes[1] - appendix A
        ii. If deemed to be high risk then can apply 14 days self-isolation from high risk situation or 5 days of self-isolation from high risk situation with testing at day 4 and return to work once the negative test result is received (appendix A)
    b. **Mandatory Travel Quarantine** will apply if:

[1] CHRIC Guidelines on Deployed Health Care Workers Returning from Long-Term Care Homes and Working Sequentially in Different Long-Term Care Homes

   i. if HCW has moved to or returned to Champlain health region from outside of Canada then she/he must abide by mandatory quarantine (self-isolation) for 14 days (*Quarantine Act*[2])
c. **Vulnerable HCW identification**[3]: New hires be provided an opportunity to review the self-reporting form regarding "vulnerable worker". The Learning Institution has an obligation to provide information to trainees of the opportunity to self-report as a "vulnerable worker". The facility will work with the Learning Institution to provide a placement suitable to the "vulnerable worker" needs.

2. The employer or learning institution's COVID19 staff screening – Staff, physicians, trainees, and volunteers must pass the institution's current COVID19 entrance screening

Expectations:

Training and education regarding the following infection, prevention and control programs or policies should be provided as part of the employer of learning institution's onboarding practices.

1. Knowledge and application of Universal Masking Policy[4] (appendix B)
2. Personal Protective Equipment (PPE) training for their role
3. N95 fit test as required for role should be up to date upon arrival at workplace (< 2 years since last fit test)
4. Knowledge of guidance on Multi-Employer Health Care Workers[5] (appendix C)
5. Knowledge of guidance on Vulnerable HCW identification (appendix D)

[2] https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html#ua
[3] Workplace Accommodation for At-Risk Front-Line Health Care Providers, Ontario Health, Released March 27, 2020
[4] CHRIC Universal Masking Guidance
[5] CHRIC Multi-Employer Health Care Workers Revised April 16, 2020

Appendix A - CHRIC Guidelines on Deployed Health Care Workers Returning from Long-Term Care Homes and Working Sequentially in Different Long-Term Care Homes

Champlain Health Region Incident Command Occupational Health and Safety Network

Guidelines on Deployed Health Care Workers Returning from Long-Term Care Homes and Working Sequentially in Different Long-Term Care Homes

May 25, 2020

Background:

1.1 The COVID-19 response has required non-traditional activities outside of our normal physical spaces including deployment to long-term care facilities (LTCF).

1.2 There is Ministry of Health guidance on the movement of Health Care Workers (HCW) from hospitals into LTC homes (Ministry of Health, Memorandum April 17, 2020 – Hospital Supports for Long-Term Care).

1.3 Regardless of personal protective equipment (PPE) availability and use, HCWs who have been deployed to high risk areas have tested positive for COVID19 (CHRIC May 15th surveillance testing).

1.4 There is increasing understanding of the at-risk times of transmission (48 hours before to 4 days after symptom onset; Cheng 2020, Nishiura 2020) and the typical time to symptom onset (mean incubation period of 4 days; Guan 2020).

1.5 To ensure that residents, patients, staff, physicians and institutions are protected from further risk from COVID-19, this evidence-informed risk-based approach provides guidance.

Goal:

2.1 To decrease risk of nosocomial transmission while allowing for flexibility to deploy staff to LTCF and other congregate care settings with declared outbreaks

2.2 To clearly delineate the principles and process to allow for efficient planning by institutions, staff, and physicians.

Definitions:

3.1 High Risk areas and activities include
Areas: Long Term Care or Retirement homes with active outbreaks
Designation: Outbreak facility

Activities: AGMP, direct patient care

3.2 Low Risk areas and activities as determined by Occupational Health and Safety (OHS)/Infection Prevention and Control (IPAC) will include:

Areas: Assessment centres, non-outbreak units, home hospital

Designation: Non-outbreak facility

Activities: NP swabbing while wearing appropriate PPE; dropping off supplies, conducting assessments in Long Term Care or Retirement homes with active outbreaks

Principles and Process:

4.1 There will be no routine movement between high risk and low risk areas (see Definitions) to provide clinical care.

4.2 Deployment to high risk areas should be done for blocks of time versus having staff work shifts in multiple locations during the same time period.

4.3 If there is the requirement for staff or physicians to routinely move between high and low risk areas due to exceptional circumstances, then a risk assessment must be conducted by Occupational Health and Safety and/or Infection Prevention and Control departments in advance of the staff or physician returning to low risk areas in order to determine appropriate protocols.

4.4 **At the end of deployment to current high-risk areas** (i.e. long-term care or retirement homes that have active outbreaks at the time of the end of deployment), the following protocols must be followed prior to the return to low risk areas or the deployment to other high risk areas:

- PCR testing at day 4 after last day of deployment to high risk area (Nishiura; Cheng)
- Self-isolation for 5 days since last day deployment to high risk area or until PCR testing result available

4.4.1 **In exceptional circumstances** where adherence to 4.4 would adversely impact the ability to maintain safe staffing levels, a risk assessment can be conducted by Occupational Health and Safety and/or Infection Prevention and Control departments to carefully consider altering or waiving these protocols.

4.5 **Movement from a low risk area will not require the protocols in paragraph 4.4 to be followed.**

References:

- Nishiura, H., et al. (2020). "Serial interval of novel coronavirus (COVID-19) infections." International Journal of Infectious Diseases **93**: 284-286.
- Cheng, H. Y., et al. (2020). "Contact Tracing Assessment of COVID-19 Transmission Dynamics in Taiwan and Risk at Different Exposure Periods Before and After Symptom Onset." JAMA Intern Med.
- Guan, W.-j., et al. (2020). "Clinical Characteristics of Coronavirus Disease 2019 in China." New England Journal of Medicine 382(18): 1708-1720

Appendix B – Universal Masking for Patients During COVID-19

Champlain Health Region Incident Command Infection Protection and Control Network

Universal Masking for Patients During COVID-19

Healthcare workers who develop symptoms compatible with COVID-19 should not present to work (or if at work, should leave the workplace as soon as it is safe to do so), and should present to the nearest Assessment Centre for.

The following recommendations apply to all healthcare settings, including the home when care is delivered in home.

Masking of patients and essential visitors in healthcare settings may offer the following benefits to reduce or prevent the transmission of COVID-19:

1. Reduces spread of infection by the wearer, if symptomatically or asymptomatically infected
2. Protects the wearer from respiratory droplets shed from others within 2m of the wearer

Use of a mask alone does not guarantee that the wearer is protected against the spread of infection and does not replace the need for essential practices including physical distancing, minimizing non-essential outings, hand hygiene, and self-isolation if symptomatic or if directed to do so by Public Health.

The use of medical masks by healthcare workers has already been implemented in many healthcare facilities, including long term care settings.

The CHRIC Infection Prevention and Control Network recommends the use of medical masks for healthcare workers in any setting where clinical activities are taking place (including in patient support services, nutrition services, etc.), and in non-clinical areas in these facilities where physical distancing of > 2m is not possible.

The CHRIC Infection Prevention and Control Network encourages the use of masks for all outpatients and essential visitors who must enter any healthcare facility or who are receiving direct care from a healthcare provider/ team in the home.

The following recommendations apply to all outpatients and essential visitors:

1. Medical masks should be reserved for healthcare worker use and should be provided for symptomatic patients (symptomatic visitors should not be permitted entry)
2. Asymptomatic patients and visitors may use their own non-medical (e.g. cloth) or medical masks (see below)
3. Masks should fit snugly, covering the nose and mouth, and should not slide down the face

4. Masks should not be used for: children < 2 years of age; people with difficulty breathing, who are unconscious or incapacitated, or who cannot remove a mask on their own
5. Patients and visitors who do not have their own mask should be provided with one on entry to the facility (or at the onset of the visit if the visit is occurring at home)
6. Patients and visitors who do not wish to or who are unable to wear a mask should speak with the screener or staff on arrival
7. Facility staff should try to ensure that masks are donned properly by patients and visitors on entry

Implementation will be left to the discretion of each facility and will depend on the availability of masks for this purpose. If masking of all outpatients cannot be accomplished simultaneously, consider prioritizing for those who:

1. Have symptoms suggestive of COVID-19 / other respiratory infection (a medical mask should be provided to these patients)
2. Are immunocompromised, e.g. bone marrow transplant or organ transplant recipients, patients receiving chemotherapy or other immune suppressing treatments
3. Have underlying chronic medical conditions, e.g. chronic cardiac or respiratory disease
4. Are older

Use of Cloth Masks

1. Donated cloth masks must be washed and appropriately packaged for individual distribution (e.g. in plastic or paper bag)
2. Instructions for proper use and care must be provided with the mask when provided (See attachment)
3. Guidance on making a cloth mask can be found on the Health Canada website at Making a Cloth Mask

Instructions for Wearers: How to Use a Mask

1. Clean your hands before putting on your mask
2. Ensure a clean mask (or unused mask, if disposable) is worn for each visit
3. The mask must cover both your nose and your mouth and not slide down your face
4. Do not touch the front of the mask while you are wearing it
5. Wear your mask for the entire time you are in the facility (or for the entire visit if at home)
6. If you must remove your mask for any reason, or when you leave:
    - clean your hands and then remove the mask by taking it off by the ear loops or ties
    - do not handle the front of the mask, or touch your face
    - discard disposable masks in a garbage can or other container designated for this purpose
    - place cloth masks in a bag or container to take home and launder
    - clean hands after mask is removed

Instructions for Wearers: Laundering a Cloth Mask

1. Your cloth mask should be replaced at least daily, or when soiled or moist
2. Launder your cloth mask in hot water with regular laundry detergent
3. Discard your mask if it cannot be cleaned or is damaged

Appendix C - Multi-Employer Health Care Workers

Additional Guidance Document: Multi-Employer Health Care Workers

REVISED April 16, 2020

Context

Many health care workers work for more than one health care organization. Ensuring workforce mobility across the health care system is critical in order to maintain the ability to deliver essential health services. To support the safe mobility of the health workforce, Ontario Health issued recommendations on March 29, 2020 regarding multi-employer health care workers, entitled "COVID-19 HR Recommendations: Multi-Employer Health Care Workers." These recommendations were revised on April 4, 2020.

The two fundamental recommendations as provided in the April 4, 2020 document are:

- "Organization should not restrict HCWs from working for multiple organizations"
- "HCWs working on a suspected or declared COVID-19 outbreak unit, a COVID-19 area within an organization, or an intensive care unit caring for probable or confirmed COVID cases may not be permitted to work elsewhere until the outbreak is cleared, or at the direction of the local public health unit or aligned with infection control practices. Organizational decisions regarding the deployment of resources in these circumstances will be made in a manner that balances the needs of patient care and safety aligned to local conditions."

The second recommendation stated above, herein after referred to as the "exception clause" arguably does not provide sufficient clarity to health care organizations. As a result, many organizations are seeking additional clarity and consistency with regards to how to apply this clause to their respective organizations, especially given an increasing prevalence of COVID-19 outbreaks within institutions. In addition, the requirement for organizations to interpret this clause according to their own understanding or according to their own desires is escalating concerns that organizations may unnecessarily restrict the movement of essential health care workers that are in short supply.

Of note, many organizations rely on the availability of part-time and casual employees, as well as physicians, who work for multiple organizations. Any arbitrary or unnecessary restrictions on the mobility of the health workforce could significantly impede an individual organization's ability to maintain essential health services and would be a barrier to a region's ability to deploy resources to organizations that are in the greatest need. Until such time as additional guidance may be provided provincially through Ontario Health, the following interpretation guideline has been created to assist with the consistent interpretation of the "exception clause" in a manner that balances the need to have workforce mobility with the need to mitigate the risk of COVID-19 transmission and keep our health care workers safe.

Champlain Region Application Guideline – "Exception Clause"

The Champlain Region endorses the recommendations provided in the April 4, 2020 Ontario Health guidance document. With regards to the interpretation of the "exception clause," the following additional recommendations are provided:

Health Care Workers Working for Long-Term Care Homes, Retirement Homes and Group Homes

- In accordance with Ontario Regulation 146/20, beginning at 12:01 am on Wednesday, April 22, 2020, an employee of a long-term care provider who performs work in a long-term care home operated or maintained by the long-term care provider shall not also perform work in another long-term care home operated or maintained by the long-term care provider, as an employee of any other health service provider or as an employee of a retirement home.
- To help mitigate the risk of transmission to vulnerable individuals, HCWs who work for retirement homes and group homes should be restricted from working elsewhere until further notice. If adherence to this recommendation would result in an inability to deliver essential health care services in retirement homes and group homes, then these organizations are to implement appropriate infection prevention and control and occupational health and safety protocols that would enable HCWs who work elsewhere to safety deliver essential health care services in these organizations.

Health Care Workers Working on a Declared COVID-19 Outbreak Unit

- HCWs who are working on a declared COVID-19 outbreak unit should be restricted from working elsewhere until the outbreak on that unit is declared over. If adherence to this recommendation would result in an inability for another organization to deliver essential health care services, then these organizations are to implement appropriate infection prevention and control and occupational health and safety protocols that would enable HCWs who work elsewhere to safety deliver essential health care services in these organizations.
- With a focus on ensuring effective inter institutional collaboration and communication, organizations with a declared COVID-19 outbreak should communicate this status to all other regional health system partners in a timely manner.

Health Care Workers Who Have Been Assessed for a Work-related Exposure

- HCWs who have had a potential work-related exposure **must be assessed for the risk of exposure and transmission** to others prior to being released to work elsewhere.
- This risk assessment is to be completed in a timely manner by the employer in which the potential exposure occurred, based on the Ottawa Public Health Decision Matrix for Exposures.
- Based on the results of this risk assessment, organizations will apply the following actions as they pertain to restricting or enabling multi-employer mobility:
    - HCWs who are assessed to be LOW RISK are not restricted from working for multiple organizations. As with all HCWs, these workers should continue to monitor for symptoms of COVID-19
    - HCWs who are assessed to be MEDIUM RISK are not restricted from working for multiple organizations; however, are required to self-monitor for 14 days since last exposure. If the HCW develops symptoms, the HCW is then required to self-isolate and should be restricted from working for any organization until cleared to safety return to work

HCWs who are assessed to be HIGH RISK are required to self-isolate for 14 days since last exposure and should be restricted from working for any organization until cleared to

safety return to work.

Health Care Workers Working in All Other Settings

- Except where otherwise restricted in accordance with this document, HCWs who work for multiple organizations, including those who are working on a COVID-19 area within an organization or an intensive care unit caring for probable or confirmed COVID cases, should not be restricted from working elsewhere.

Appendix D - Vulnerable Healthcare Worker (HCW) Identification Form

Vulnerable Healthcare Worker (HCW) Identification Form

Name: _____ EE ID: _____

Position: _____ Department: _____

This self reporting form is for those who report they meet a criteria as a "vulnerable worker" related to COVID19 identified in this document. Those who self identify as "vulnerable" according to the guidelines below are recommended to not provide patient care for a probable or confirmed case of COVID19. The following form must be completed and returned to Occupational Health & Safety Services (OHSS).

☐ Over the age of 70

☐ Pregnant

☐ Cardiovascular disease

i. History of myocardial infarction, or ongoing uncorrected CCS class 4 angina (i.e. rest angina)
ii. Severe CHF (NYHA Class IV or AHA Stage D)

☐ Diabetes mellitus

i. Associated with end-organ damage (neuropathy, retinopathy, nephropathy, previous amputations), or recent HgBa1C > 8.5%.

☐ Chronic respiratory disease (moderate to severe)

i. Asthma with daily symptoms and daily use of short-acting beta-adrenergic agents (e.g. Ventolin)
ii. COPD with GOLD class 3 or 4
iii. Any other lung disease with PFT findings (TLC, FEV1, or DLCO) 50% or lower (i.e. classified by ATS as Moderate-Severe or worse)

☐ Cancer

i. "Active" cancer currently undergoing chemotherapy or radiotherapy
ii. "Active" hematologic cancer, other than CLL, regardless of therapy

☐ Immunosuppression as defined in previous QCH IPAC documents

i. Post receipt of bone marrow or solid organ transplant; advanced HIV infection;
ii. Congenital immunodeficiencies;
iii. Immunodeficiency due to acute or chronic leukemia;
iv. Severe immunodeficiency due to blood dyscrasias, lymphomas, or other neoplasms affecting the bone marrow or lymphatic systems;
v. Immunosuppressive treatment for any malignant solid tumour;
vi. Receipt of chemotherapy, extensive radiation therapy, azathioprine, cyclosporine, cyclophosphamide, TNFα inhibitors (infliximab, etanercept, adalimumab etc) high-dose

corticosteroid (20mg/day or more of prednisone or its equivalent for 14 days or more) or other immunosuppressive medications methotrexate >0.4mg/kg/week.

Staff Signature: _____ Date:_____

Physician Signature: _____ Date: _____
(If possible, to obtain but not required)