

Return to Work Guide during COVID-19 for Community Healthcare Practices

Return to Work/Stay at Work Guidance

This guidance contains advice that aligns with practices in similar and partner healthcare settings in Alberta. It is intended as a support and **not** a replacement for your responsibility as an employer under occupational health and safety legislation to provide a safe workplace, as far as it is reasonably practical to do so. The advice presented in this resource is just one input for your consideration in your role and legal obligations as an employer. Given the frequency of updates, employers are recommended to remain informed by referring to alberta.ca.

Principles

- All clinics/sites should employ a strategy for daily screening and symptom monitoring focused on staff and tailored to their unique setting: [Daily Fit for Work Screening](#).
- With the rapid rise in Omicron cases across Alberta, Community Providers might consider limiting in person care to essential visits only. Given that staff and resource issues may limit the ability to care for Albertans, the guidelines below may help with decision making
- Fully vaccinated¹ (without a booster) staff who are [close contacts of a case](#) and asymptomatic are recommended to undergo 10 days of daily rapid testing
- When testing is **unavailable**: All **respiratory illness** should be presumed to be COVID and follow isolation requirements
- Community practices are recommended to order rapid tests: [Rapid testing program for employers and service providers| Alberta.ca](#)

Work Restrictions for Staff Cases

| Worker Status | Required Isolation | Return to Work criteria |
|--|--|---|
| Fully vaccinated (+/- Booster ²) + positive test | Minimum of 5 days from the day of positive test result or onset of symptoms. *if immunocompromised, isolation period is 14 days | Can return to work on Day 6 (unless immunocompromised return to work Day 15) including the following criteria: <ul style="list-style-type: none"> • Improved symptoms without fever for 24 hrs and; • No antipyretics for at least 24 hrs *Once at work must wear continuous masking for additional 5 days with meals and breaks taken alone |
| Unvaccinated + positive test | Minimum of 10 days from day of positive test result or from onset of symptoms *for immunocompromised, isolation period is 14 days | Can return to work Day 11 (unless immunocompromised return to work Day 15) including the following criteria: <ul style="list-style-type: none"> • Improved symptoms without fever for 24 hrs and; • No antipyretics for at least 24 hrs |

¹ Fully vaccinated: two doses of a WHO approved 2-dose series OR one dose of a WHO approved 1-dose series, and at least 14 days have elapsed since the person received the last dose.

² Booster: having an additional valid dose of a WHO approved COVID-19 vaccine beyond what is required to be considered "Fully Immunized" and at least 14 days have passed since the last dose of vaccine

| Worker Status | Required Isolation | Return to Work criteria |
|--|---|--|
| Symptomatic + negative test *not COVID-19 symptoms | Isolate for 24 hrs and redo rapid testing in 24 hrs. Negative rapid test x 2 or 1 Negative PCR: continue isolating until symptoms resolve before cautiously resuming normal activities | Can return to work when symptoms have resolved |
| Symptomatic + no result | Isolate and test. If testing not done, presume to have COVID-19 and isolate per vaccination status | Follow criteria per immunization status |

Work restrictions: Close Contacts or High Risk Exposure³ (including Household and Workplace) of COVID-19

| Vaccination status | Required Isolation | Return/ Remain at work criteria |
|---------------------------|--|---|
| Full + Booster | No isolation. Recommend to monitor for symptoms x 14 days *If close contact is in the same household, it is recommended for staff to isolate from that person. | Without testing: Can remain at work if symptom free and more than 14 days since booster dose. |
| Full | No isolation if > 14 days since second dose of WHO approved two-dose COVID-19 series or one dose of WHO approved 1 dose series *Monitor for symptoms; follow isolation requirements if symptoms develop **If close contact is in the same household, it is recommended for staff to isolate from that person | Can remain at work if symptom free and more than 14 days since second dose of WHO approved two-dose COVID-19 series or one dose of WHO approved 1 dose series *Testing recommended for 10 days beginning on the day the staff was last exposed to confirmed case. If symptom free and testing during this period shows positive follow criteria based on immunization status *if ⁴ RAT supply limited may reduce testing to every 2 days **Continue to monitor for symptom development and follow criteria based on immunization status |
| Unvaccinated | Must remain at home for 10 days *Monitor for symptoms; follow isolation requirements if symptoms develop **If close contact is in the same household, it is recommended for staff to isolate from that person | Work restricted for 10 days |

³ Close contact/High risk exposure

- a person who lives in the same residence as the infectious person(s) OR
- a person who has been in frequent, long-duration, close-range/ direct physical contact with an infectious person without [appropriate PPE](#) (personal protective equipment) i.e. caregiver, intimate or sexual partner OR
- a person who had direct contact with infectious body fluids of a case(s) without appropriate PPE

⁴ RAT- Rapid Antigen Test

Expedited RTW

This guidance aligns with practices in similar and partner healthcare settings in Alberta, and will continue to evolve based on data and critical need assessments. It is intended as a support and not a replacement for your responsibility to provide a safe workplace as an employer under occupational health and safety legislation. Expedited return to work plans should be informed by the ability to provide virtual care and for staff to work remotely, in addition to patient's timely access to in-person care in other settings. Given the current strain on emergency departments, consideration could be given to partnering with other local practices or PCN clinics where possible. In some circumstances, the following public health order for expedited return for critical workers may also be applicable: [CMOH Record of Decision 02-2022](#).

