

HEALTH-CARE WORKERS – SCREENING, TESTING & RETURN TO WORK

Latest updates appear in BLUE

1. What are the latest changes?

Beginning the week of October 31, 2022, (implementation date may vary by service delivery organization) updated return to work requirements for health-care workers will permit a return to work sooner for some health care workers. Summary of changes:

Column 1 Quick Reference Guide

Health-care workers who have had a confirmed case of COVID-19 (rapid antigen test result is acceptable) in the last 120 days (4 months) and who develop new symptoms are not required to test for COVID-19.

Health-care workers may return to work when all of the following are true:

- **Symptoms are mild and improving** - Health-care workers must feel well enough for work, declare themselves “fit for work”; and
- Any lingering symptoms will not interfere with ability to wear and **maintain PPE standards**; and
- **No fever** has been present for 24 hours without use of fever reducing medication.

*Change eliminates requirement for health-care workers** who have had a confirmed case of COVID-19 in the last 120 days (4 months) to test.*

***Immunocompromised health-care workers must continue to test for COVID-19 if symptoms develop and follow return to work guidance according to the test result.*

Health-care workers who have not had a confirmed case of COVID-19 in the last 120 days (4 months) and who develop symptoms consistent with COVID-19 must perform a rapid antigen test.

If their test result is negative and their symptoms are mild/improving (they feel well enough to work/fit for work), health-care workers may return to work when all of the following are true:

- **Symptoms are mild and improving** - Health-care workers must feel well enough for work, declare themselves “fit for work”; and
- Any lingering symptoms will not interfere with ability to wear and **maintain PPE standards**; and
- **No fever** has been present for 24 hours without use of fever reducing medication.

*Change eliminates requirement for repeat negative test result for individuals with mild and improving symptoms. If symptoms worsen or new symptoms develop, **repeat test**. (see category 2B)*

Worsening/New Symptoms?

If a health-care worker is required to test because of symptoms, a single negative is sufficient to rule out COVID-19 in individuals whose symptoms are improving. If symptoms are unchanged, worsening, or new symptoms develop 48 hours after the negative test, a repeat rapid antigen test should be performed.

Column 2 Quick Reference Guide

New Positive COVID-19 Test

Health-care workers who perform a rapid antigen tests according to the most recent criteria and receive a **POSITIVE COVID-19 test result** may return to work a minimum of 5 days after positive test (date of test is day zero), provided that all of the following are true:

- **Symptoms are mild and improving** - Health-care workers must feel well enough for work, declare themselves “fit for work”; and
- Any lingering symptoms will not interfere with their ability **to maintain PPE standards; and**
- **No fever** has been present for 24 hours without use of fever reducing medication
NOTE: Day 0 is either the day of symptom onset/ positive test.

Change amends return to work timeline to minimum of 5 days after positive test (date of test is day zero), without requirement for a negative test result prior to return to work.

Column 2 Quick Reference Guide

Household Contact/Exposure – When to Test/When to Return

Health-care workers who live with a **household contact** who has tested **positive** for COVID-19 can work if they remain asymptomatic.

If symptoms develop, staff members who have had a confirmed positive test (rapid antigen test result is acceptable) in the last 120 days (4 months) are not required to test and should follow return to work guidance in column 1.

Immunocompromised health-care workers and those who have NOT had a confirmed positive case of COVID-19 in the last 4 months, should test for COVID-19 and follow return to work guidance based on their result (see column 1 for negative result; column 2 for positive result, column 3 for immunocompromised).

If new symptoms develop or symptoms worsen in the days after a negative test result, health-care

workers should repeat test 48 hours after the first negative test result and follow guidance according to result.

Change eliminates requirement for asymptomatic testing. Limits need for testing in individuals with recent (last 120 days) confirmed case of COVID-19.

Immunocompromised Health-care Workers with Symptoms

Immunocompromised health-care workers must test for COVID-19 if symptoms develop, regardless of when or if they have had a confirmed case of COVID-19.

If test is positive, immunocompromised health-care workers should remain off for 10 days from the start of illness AND be able to declare themselves “fit for work”.

If test is negative, immunocompromised health-care workers may return to work when all of the following are true:

- **Symptoms are mild and improving** - Health-care workers must feel well enough for work, declare themselves “fit for work”; and
- Any lingering symptoms will not interfere with ability to wear and **maintain PPE standards**; and
- **No fever** has been present for 24 hours without use of fever reducing medication.

2. Why are these changes being made?

These changes are primarily motivated by widespread staffing challenges being experienced across the health system as well as the risk that staff illness may pose to the continued delivery of vital health services. This approach aligns health system return to work guidance with public health guidance while maintaining additional preventative measures such as personal protective equipment for staff and medical grade masks for visitors.

Widespread community exposure during the recent Omicron waves combined with vaccination is resulting in significant immunity in the population, with very low reported incidence of repeat COVID-19 infection in non-immunocompromised individuals with a confirmed case of COVID-19 in the last 120 days (4) months. The Omicron variant is also demonstrating milder infection in most patients than previous variants, though some patients may experience more severe disease.

The changes balance the need to minimize the risk of COVID-19 transmission in health settings with the need to maintain staffing for vital health services, particularly during the upcoming respiratory virus season.

For individuals who are not profoundly immunocompromised and who have had a confirmed case of COVID-19 in the last 120 days, the likelihood of repeat infection is low, and the risk of resulting transmission in a health-care environment is substantially reduced by the ongoing use of PPE and other IP&C measures.

These changes are considered an appropriate balance of the risk of COVID-19 transmission with the risk of service impacts across the health system due to high rates of staff sick time. By requiring a minimum of 5 days away from work following a positive COVID test; adherence to all personal protective equipment requirements; and self-assessment by all health-care workers that they are “fit for work”, these measures are expected to allow some health-care staff to return to work sooner, while minimizing the risk of workplace transmission.

Updated return to work guidance will allow for staff who self-identify as “fit for work” and in compliance with all other requirements (afebrile, minimum of 5 days away from work after positive COVID-19 test [date of test is day zero], etc.), to return to their important roles supporting the delivery of care for Manitobans.

Manitoba’s health system requirements for return to work have been more stringent than other settings across the province. This change aligns health system requirements with areas following Public Health guidance while maintaining more stringent requirements for individuals who are immunocompromised.

All health-care workers must continue to follow strict personal protective equipment requirements and all who enter a health setting must wear a medical-grade mask, with limited exceptions.

3. What measures are in place to prevent the spread of COVID-19 with these changes?

The risk of virus transmission will continue to be managed through a combination of preventative measures, including:

- An ongoing requirement for health-care workers to self-screen for symptoms before presenting to work;
- The requirement for symptomatic health-care workers who have not had a confirmed case of COVID-19 in the last 120 days to test for COVID-19 and, if the result is positive, to remain away from work for a minimum of five (5) days after positive test; (Day zero (0) is the date of symptom onset or positive test);
- An ongoing requirement that health-care workers be afebrile (without fever) for 24 hours before returning to work (without the use of fever-reducing medication);
- The responsibility of each health-care worker to assess and declare that they are fit-for work and able to wear PPE consistently and appropriately while at work;
- Continuation of **all** existing personal protective equipment requirements for staff, visitors and others present within health-care environments.
- All health-care workers must perform meticulous hand hygiene, follow all PPE requirements and maintain physical distancing wherever possible when their mask/respirator is removed (to eat or drink or during breaks).

Screening for symptoms and exposure

1. Do I need to screen for symptoms or exposure to COVID-19 before coming to work?

Yes, all health-care workers continue to be required to self-screen for symptoms of – or exposure to – COVID-19 before coming to work. You need to be able to declare that you are “fit for work”. Refer to the self-screening questionnaire on the second page here:

(<https://sharedhealthmb.ca/files/covid-19-return-to-work-qrg.pdf>).

2. Do I need to complete a written log/screening declaration?

No, health-care workers are not required to complete a screening declaration.

Where / How to test

1. Where/How do I get tested for COVID-19?

Symptomatic health-care workers who require COVID-19 testing as outlined above, are able to self-administer rapid antigen tests as outlined in [return to work guidelines](#).

Refer to: <https://sharedhealthmb.ca/files/covid-19-return-to-work-qrg.pdf>

Symptomatic, need to test

1. What do I do if I develop a fever or symptoms that affect my ability to properly wear my PPE while at work?

Immediately notify your supervisor. Managers/supervisors will provide a testing kit for your use. Depending on which category you belong to (largely based on whether you have had a confirmed case of COVID-19 in the last 120 days OR if you are immunocompromised), you may be required to test.

If you do not feel “fit for work”, leave work.

Directions on how to perform the test and what to do based on the result, are available below.

Follow return to work guidance based on the category you belong to. You are not required to receive occupational and environmental safety and health (OESH) clearance to return to work and should follow standard site/SDO specific sick call processes.

2. How do I perform a Rapid Antigen Test?

Shared Health is using two different versions of rapid test, and the testing process is different depending on the type of test you’re using. Detailed directions are available.

| Abbott Panbio | |
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| How to poster: https://sharedhealthmb.ca/files/covid-19-abbott-panbio-poster.pdf French how to poster: https://sharedhealthmb.ca/files/covid-19-abbott-panbio-poster-fr.pdf |  |
| How to video: https://www.youtube.com/watch?v=mZYr4Rmj3OE Manual Instructions: https://dam.abbott.com/en-gb/panbio/120007883-v1-Panbio-COVID-19-Ag-Nasal-AsymptomaticSe.pdf |  |
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| How to poster: https://sharedhealthmb.ca/files/covid-19-bd-veritor-plus-poster.pdf French how to power: https://sharedhealthmb.ca/files/covid-19-bd-veritor-plus-poster-fr.pdf |  |
| How to video: https://youtu.be/A7zNuX_62Qo Manual instructions: https://go.bd.com/rs/565-YXD-236/images/QRG%20Nasal_EN.pdf |  |

Symptomatic, Negative COVID-19 Test Result

1. What symptoms are acceptable when I return to work? What symptoms mean I need to stay home?

Symptoms may vary by individual. Each health-care worker will assess their symptoms and determine whether they are fit for work.

This should include confidence that you are well enough to complete all tasks that you will be assigned, for the duration of your shift, while wearing all required personal protective equipment.

You can self-declare that you are fit to return to work if you answer “yes” to ALL of the following:

- You have [one self-administered rapid antigen test](#), with a negative result;
- Any **lingering symptoms are mild and improving** and you must feel well enough to complete your duties.
- Any lingering symptoms will not interfere with your ability to **maintain the PPE standards** that are required in your work setting/activities.
- You have been **without fever for 24 hours**, without any use of fever-reducing medication.

2. My test result is negative but I still have a fever, can I return to work?

No. Individuals who continue to experience a fever or who are only able to reduce their fever with medication, are not able to return to work.

Similarly, anyone with consistent or worsening symptoms, or the addition of new symptoms, must continue to self-isolate until they can pass all [return to work guidelines](#).

3. Does this change who I need to notify when I'm ill and awaiting test results?

Staff who are experiencing symptoms are required to follow standard site/SDO specific sick call processes. They must seek testing and self-isolate until their results are back, at which time they will follow the guidance according to their test result:

- If a positive result is received, staff will be required to follow all return to work guidelines (<https://sharedhealthmb.ca/files/covid-19-return-to-work-qrg.pdf>)
- If a negative result is received, individuals should stay home until they are feeling better. Once they are able to pass the return to work screening tool (negative test, symptoms mild or improving, no fever for 24 hours), they must follow standard site/SDO specific return to work processes.

4. Do I need to let OESH know I'm returning to work?

No.

5. My co-worker still has a cough or other symptoms, what should I tell my patients? Can I ask if they have a negative test result?

Your co-workers are able to self-declare that they are fit to return to work. Everyone present in a health-care setting continues to be required to follow personal protective equipment requirements, practice proper hand hygiene, and stay home if they are not able to pass return to work screening.

If you have concerns about a co-worker who is exhibiting significant or worsening symptoms, speak to your manager.

6. My partner/friend works in child care/education/corrections. Are they able to follow the same guidance for return to work?

This screening and return to work protocol is specific to health-care workers.

Positive COVID-19 Test Result, Symptoms Mild & Improving or Asymptomatic

1. My test result is positive, when can I return to work?

Health-care workers who receive a POSITIVE COVID-19 test result, should follow return to work requirements set out below.

For the purpose of calculating your return to work, the first day of symptoms should be considered Day 0.

Health-care workers may return to work on day **five (5) after positive test (date of test is day 0)** provided that:

- Any **lingering symptoms are mild and improving** and the health-care worker feels well enough to complete their duties.
- Any lingering symptoms will not interfere with their ability to **maintain the PPE standards** that are required.
- They have been **without fever for 24 hours**, without any use of fever-reducing medication.

Health-care workers returning to work in line with the above guidance must follow all PPE requirements and should make reasonable efforts to maintain physical distancing as much as is practical at any point when their mask is removed (e.g. to eat or drink).

*The above guidance does not apply to immunocompromised health-care workers.

2. Do I need to provide proof of my negative test result?

No. Health-care workers are reminded that return to work guidance is in place to reduce the risk of transmission in health-care settings where vulnerable Manitobans seek care. We expect that all health-care workers will comply with all requirements in place to protect your patients/residents/clients and your co-workers.

Immune-Compromised Health-Care Workers

1. I'm immune-compromised and testing positive. When can I return to work?

Health-care workers who are immune-compromised and who receive a POSITIVE COVID-19 test result, must not report to work for a minimum of 10 days. They can return to work on day 11, if they can answer yes to each of the following:

- Any **lingering symptoms are mild and improving** and the health-care worker feels well enough to complete their duties.
- Any lingering symptoms will not interfere with their ability to **maintain the PPE standards** that are required.
- They have been **without fever for 24 hours**, without any use of fever-reducing medication.

International Traveler, Not Fully Vaccinated

1. I've returned from International Travel, what guidance do I need to follow to return to work?

As of Oct. 1, 2022, the federal government has removed COVID-19 border restrictions. All health-care workers should continue to self-screen for symptoms daily and seek testing if symptoms develop. This guidance is also in place for anyone who has travelled and develops symptoms. Follow all return to work guidance according to your symptoms and test result.

Asymptomatic Health-Care Workers with a Close Contact

1. I don't have any symptoms but I know I have been in contact with someone who is COVID-19 positive when I was not wearing my PPE. Am I able to continue working?

Yes, as long as you remain asymptomatic

Individuals who have had close contact (within two metres, for more than 10 minutes, without appropriate PPE being worn) with someone who has tested positive for COVID-19 **can continue to work if they remain asymptomatic.**

If symptoms develop, staff who have not had a confirmed case of COVID-19 in the last 120 days (4 months) as well as those who are immunocompromised should test and follow return to work guidance according to the test result.

While at work, follow all PPE requirements. Make reasonable efforts to maintain physical distancing as much as is practical at any point when your mask is removed (e.g. to eat or drink) for 10 days following contact.

Change Tracker

Oct. 25, 2022

- Updated all return to work guidance - health-care workers can return to work 5 days after testing positive (date of positive test is day zero), provided they meet all requirements.
- Changes to testing requirements for mild/improving symptoms; removal of asymptomatic testing for household contacts.
- Removal of testing requirement for health-care workers who have had a confirmed case of COVID-19 in the last 120 days (4 months). *Exceptions exist for immunocompromised health-care workers.

April 1, 2022

- Combined all previous return to work and rapid antigen testing FAQ documents into one master FAQ.
- Updated Return to Work Guidance to require a negative rapid antigen test performed on day 7 after testing positive. If the test result is negative, and all other return to work requirements are fulfilled, the HCW may return to work on day 8. If the test result remains positive, the HCW may not return to work until day 11.
- Updated return to work guidance for close contacts to align vaccinated and not fully vaccinated HCW.
- Update information related to international travelers who are not fully vaccinated.