



COVID-19 UPDATE

15 June 2021

RETURN TO WORK (RTW) GUIDELINES DURING SURGE IN EXCEPTIONAL CASES

Surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients – one that challenges or exceeds normal operating capacity. The surge requirements may extend beyond direct patient care to include extensive laboratory studies. This document would only be applied in regions, areas, provinces whereby a serious shortage of staff has occurred as a result of sick leave for COVID-19 positive staff. It will be used as a temporary measure in situations when critical shortages of staff are affecting the ability of the hospital to provide the necessary care to COVID-19 patients.

Process: The hospital command team will discuss with the regional teams (HR, RCM and ROE) before involving CO (clinical, HR) to activate the surge RTW plan. Amongst other, they will discuss staff shortages, patients and absence of critical skilled staff and put in other measures in place like discharging non-COVID patients etc. This RTW surge guidelines will only be allowed in exceptional cases for as short as possible.

Brief description of categories within surge	
LEVEL OF SURGE	DESCRIPTION
Minor	The surge of patients is such that the hospital mobilises its existing on-site human and materiel resources. The hospital begins strategies to conserve resources.
Moderate	The surge of patients is such that the hospital needs to deploy additional human and material resources without changing the traditional standard of care. Normal operations may be affected, e.g. cancellation of elective admissions and procedures, and conservation of resources.
Crisis	The surge of patients is such that the traditional standard of care may be affected due to limited resources at the hospital and the inability of the hospital to transfer patients to other hospitals. The hospital conserves resources and may use the <i>guidelines like RTW</i> to assist in making conservation decisions.

Type of exposure or COVID status	CURRENT Return to Work guidance	Surge situation proposal
COVID Positive	<p>HCW Positive with symptoms Return to work when:</p> <ul style="list-style-type: none"> • at least 10 days have passed since symptoms first appeared or since you tested positive AND • NO fever for at least 72 hours OR clinically improved AND • you have undergone a medical evaluation, and obtained a fit-to-work certificate from the Occupational Health Nurse or your doctor <p>No test required ⁱ</p>	<p>HCW Positive with symptoms Return to work when:</p> <ul style="list-style-type: none"> • at least 7 days have passed since symptoms first appeared or since you tested positive AND • NO fever for at least 72 hours OR clinically improved AND • you have undergone a medical evaluation, and obtained a fit-to-work certificate from the Occupational Health Nurse or your doctor <p>No retest required ⁱⁱ</p>
	<p>HCW Positive WITHOUT symptoms – Return to work when:</p> <ul style="list-style-type: none"> • at least 10 days have passed since you tested positive AND • NO symptoms AND • you have undergone a medical evaluation, and obtained a fit-to-work certificate from the Occupational Health Nurse or your doctor <p>No test required ⁱⁱⁱ</p>	<p>HCW Positive WITHOUT symptoms –</p> <ul style="list-style-type: none"> • If the HCW agrees and they are well, they may continue to work • Identify areas they can work based on their risk factors and the resource needs of the hospital. This may be in areas where there is no direct patient care required or in dedicated COVID areas with suitable PPE at all times ^{iv} • Critical admin staff continue to work but limit cross contamination by restricting movement in facility and use of appropriate PPE and adhere to IPC principles (e.g. hand hygiene) • Non critical admin staff self-isolate at home for 10 days <p>Report to line manager or Incon if symptoms develop while at work</p>
High risk exposure	<p>Return to work when:</p> <ul style="list-style-type: none"> • at least 5 days since exposure have passed AND • NO symptoms AND • you have undergone a medical evaluation, and a negative COVID test on day 6 and obtained a fit-to- 	<ul style="list-style-type: none"> • If the HCW agrees, they may continue to work. • Daily monitoring on HCW monitoring app or by INCON staff/ designated nurse at hospital or line manager • Daily temperature checks at INCON or Access control

Type of exposure or COVID status	CURRENT Return to Work guidance	Surge situation proposal
	<p>work certificate from the Occupational Health Nurse/designated nurse or your doctor</p> <p>If symptoms develop during isolation then COVID test and manage as per results.</p>	<ul style="list-style-type: none"> Wear a mask at all times and adhere to IPC principles strictly <p>Conduct COVID test only if symptomatic and then follow high risk symptomatic flow above.</p>
Low risk exposure asymptomatic (not sick)	<ul style="list-style-type: none"> Continue to work wearing a mask at all times and wearing the appropriate PPE when indicated. Adhere to IPC principles <p>Daily self-monitoring needed. All names have to be recorded with INCON/designated nurse.</p> <p>Contact line manager or INCON staff if symptoms occur.</p>	No change

The RTW under surge will only be allowed in exceptional cases for as short as possible

ⁱ Department of Employment and Labour. Consolidated COVID-19 Direction on Health And Safety In The Workplace. Regulations no 11128, vol 660 issued 4th June 2020. Issued in terms of the Regulation 4(10) of the National Disaster Regulations

ⁱⁱ CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages 30th April 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
Was also discussed as an option by the NICD as part of the RTW policy but not as yet implemented (Dr Z Essop).

ⁱⁱⁱ NICD Clinical management of suspected or confirmed COVID-19 disease. Version 4 (18th May 2020)

CDC guidelines - Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (30th April 2020). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

^{iv} CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages 30th April 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html> and various articles describing international consensus based on experiences during pandemic surge.