ATTENDING WORK WITH COVID-19 SYMPTOMS OR A POSITIVE COVID-19 TEST

OBJECTIVES

- To outline the expectations for workers to NOT attend work at an AHS setting when the worker exhibits COVID-19 symptoms or tests positive for COVID-19.

PRINCIPLES

This Directive applies to worker attendance at an AHS setting when the worker exhibits COVID-19 symptoms or tests positive for COVID-19. This Directive applies to all AHS settings.

Nothing in this Directive prevents a Medical Officer of Health (MOH) or AHS leadership from establishing or implementing an exemption process for work restrictions, or from setting additional work restrictions (e.g., reassignment of unimmunized workers), for example, in the event of a COVID-19 exposure or outbreak (see the AHS Communicable Disease Assessment Policy and the AHS Workplace Accommodation Policy).

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers).

ELEMENTS

1. COVID-19 Testing for Workers

   1.1 When a worker has COVID-19 symptoms, rapid antigen testing is recommended. Testing for COVID-19 is not routinely recommended for workers who do not have COVID-19 symptoms.
1.2 A worker is considered to be confirmed for COVID-19 if the person’s infection is verified with testing meeting one (1) of the following criteria:

a) the worker has COVID-19 symptoms and a positive rapid antigen test;

b) the worker does not have COVID-19 symptoms (i.e., the worker is asymptomatic) but has two (2) positive rapid antigen tests, completed not less than 24 hours apart; or

c) the worker has a positive test result using a molecular test (such as a polymerase chain reaction test [PCR] or other nucleic acid test) that is Health Canada approved or validated by a College of Physicians and Surgeons of Alberta (CPSA) accredited laboratory.

(i) Molecular testing is limited to critical instances to support further treatment and clinical decisions and is only available if ordered by a Physician or Nurse Practitioner for clinical management. Molecular testing is not available or recommended for occupational health and safety purposes. However, workers may be tested in the context of their own clinical care.

2. Restrictions from Work

2.1 A worker is restricted from work and shall not attend work or any other function at an AHS setting (except for the purposes of receiving health services) under the conditions outlined below:

a) If a worker is confirmed for COVID-19, the worker must be restricted from work for a minimum period of five (5) days from the onset of the COVID-19 symptoms (or from the first test date if asymptomatic – see Section 1.2 b) above), or until the worker’s COVID-19 symptoms improve and the worker is fever-free for 24 hours (without the use of fever-reducing medications), whichever period is longer.

(i) If an asymptomatic worker has tested positive for COVID-19 in the past 21 days using a rapid antigen test, or 90 days using a molecular test, they are no longer required to restrict from work. If the worker becomes symptomatic, the work restriction in Section 2.1 a) applies.

b) If a worker has COVID-19 symptoms and they have not been tested for COVID-19 or obtained only one (1) rapid antigen test result which was negative, the worker must be restricted from work for a minimum period of five (5) days from the onset of symptoms, or until the worker’s COVID-19 symptoms improve and the worker is fever-free for 24 hours (without the use of fever-reducing medications), whichever period is longer.

c) If a worker has COVID-19 symptoms and has tested negative for COVID-19, the worker must be restricted from work until the worker’s COVID-19
symptoms improve and the worker is fever-free for 24 hours (without the use of fever-reducing medications).

(i) To be considered as having tested negative for COVID-19, the worker must have been tested and received negative results from either two (2) rapid antigen tests completed not less than 24 hours apart, or one (1) molecular test.

3. Continuous Masking

3.1 A worker returning to work after having COVID-19 symptoms and/or a positive test (as per Section 2 above) must continuously mask and perform thorough hand hygiene for 10 days following the onset of their COVID-19 symptoms, or for 10 days following the date of their first positive test if they remain asymptomatic, when working in any AHS setting where they are going to be in contact with other people (e.g., other workers, patients, visitors, members of the public).

4. Close Contacts

4.1 Workers who are a close contact should monitor for symptoms of COVID-19 for seven (7) days from the last date the worker had close contact.

4.2 Workers who develop COVID-19 symptoms at any time are subject to the recommendations in Section 1 and the requirements outlined in Section 2 above.

5. Non-Compliance

5.1 Failure to comply with this Directive may result in disciplinary action up to and including termination of employment or appointment.

DEFINITIONS

AHS setting means any environment where treatment/procedures and other health services are delivered by, on behalf of, or in conjunction with, Alberta Health Services. This includes but is not necessarily restricted to all land, facilities, affiliated sites, mobile equipment and vehicles owned, leased, or rented, and AHS corporate offices for the purpose of conducting AHS business. It does not include working remotely from home.

Asymptomatic means a person who is not exhibiting COVID-19 symptoms.

Close contact means a worker who:

a) provided direct care for the case (including healthcare workers, family members or other caregivers), or who had other similar direct physical contact (e.g., intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment;

b) lived with or otherwise had close unprotected prolonged contact which may be cumulative, i.e., multiple interactions for a total of 10 minutes or more over a 24-hour
period and within two metres with a case without consistent and appropriate use of personal protective equipment and the case is not completely isolating away from others in the home;

c) had direct contact with infectious bodily fluids of a case (e.g., shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended personal protective equipment; or

d) an individual who had unprotected direct contact with a case within two meters for one minute or longer where the case engaged in activities generating increased aerosols such as speaking, singing, shouting, or breathing heavily (e.g., exercise).

Note: Transmission can also happen beyond two metres when sharing a confined, crowded and/or poorly ventilated air space with a case while unprotected. Public Health (PH) and/or Workplace Health and Safety (WHS) who assess close contacts in high-risk settings may take that into consideration. The exposures identified in the table carry the highest risk for viral transmission. Where contact tracing is not being conducted by PH and/or WHS, cases should consider also notifying their contacts who have shared confined, crowded and/or poorly ventilated air space with them even at distances greater than two metres.

Note: A household contact is defined as a person who lives in the same residence as the case OR who has been in frequent, long-duration, close-range interaction with the person who tested positive. For example, someone who is a caregiver, an intimate or sexual partner. Household contacts are a type of close contact that have the highest attack rate.

COVID-19 symptoms means the following symptoms of COVID-19 that are new or worsening and not related to a pre-existing illness or health condition:

a) fever or chills;
b) runny or stuffy nose;
c) sore throat;
d) cough;
e) difficulty breathing or shortness of breath;
f) nausea or diarrhea; or

g) loss or altered sense of taste/smell.

Worker means AHS employees, members of the medical and midwifery staffs, students, volunteers, and contracted service providers (including anyone providing services for AHS on behalf of a contracted service provider).

REFERENCES

- Alberta Health Services Governance Documents:
  - Communicable Disease Assessment Policy
  - Managing Students Involved in Placements During a Communicable Disease Outbreak, Epidemic, or Pandemic Guideline
  - Workplace Accommodation Policy
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March 31, 2023

Non-Alberta Health Services Documents:
  o Alberta Public Health Disease Management: Coronavirus, COVID-19

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