**December 21, 2021 – Omicron Staff Update, FAQs**

**What are the symptoms of the Omicron variant?**

We’re seeing slightly different symptoms with Omicron than the Delta variant. The symptoms are closer to the common cold, with a sore throat and runny or stuffy nose. This is what’s occurring in young and healthy individuals, who are participating in the surveillance system and in countries with significant vaccination rates. However, we could still see stronger symptoms similar to the Delta wave for unvaccinated or partially vaccinated individuals.

**How does Omicron compare to the Delta variant?**

The symptoms between Omicron and Delta are similar, however Omicron is a very different variant. It has 30 different mutations in its spike protein which is about five times more than the other variants individually, with half of its mutations unknown. It is suspected that the disease would not be able to have such a severe presentation now that we are vaccinated. From a paediatrics standpoint, symptoms are more difficult to identify since there are a higher degree of individuals who are asymptomatic or are unable to express their symptoms.

**Will boosters be mandatory for staff? Will staff be put on unpaid leave if they cannot receive their booster in time?**

While we encourage GRH team members to receive a booster as an additional step to protect themselves, patients and the community, they are not currently mandatory. We will provide notice to all staff should this requirement change.

**What does a “mild” case look like?**

A mild case typically begins with upper respiratory tract symptoms - sore throat, congestion- typically similar to a flu-like illness. Because the Omicron variant is still quite new, a profile of what is typical for mild cases is still being determined. Some mild cases are being presented with just a headache and fatigue - it really varies among patients.

**Do staff need to switch to N95s to ensure we are protected? When do I need to wear an N95?**

At GRH we are asking that any staff who are in droplet contact with COVID-19, or in contact with suspect COVID, or COVID positive cases wear an N95 fit-tested and seal check respirator as well as eye protection, gown and gloves. We are also continuing with the recommendations for a fit-tested N95 and seal check respirator or equivalent, as well as eye protection, gown and gloves for all Aerosol Generating Medical Procedures (not just AGMPs who are suspected of COVID or confirmed). All staff are encouraged to perform their personal risk assessment as well to determine the PPE that is most appropriate based on the situation.

**Will we have enough supply of N95s?**

We currently have over 50,000 N95s in three different types at GRH, and are expecting more to arrive in the coming week. We are currently monitoring usage of N95 masks to ensure they aren’t being used in excess and that we have enough to last us for as long as we need.

**How contagious is the Omicron variant? Is transmission airborne?**

Ultimately, the data shows it is twice as contagious as Delta for those who are in close contact with each other (defined as less than one metre.) It’s difficult to predict what it's capable of, especially in an “open” province and a majority of the population receiving their second dose three months ago. At this point in time the evidence is not able to determine the rate of airborne transmission for the Omicron variant. Research is occurring to determine if increased transmission is a result of our provincial reopening and vaccination, or whether the combination of novel mutations is a fundamental shift in how the virus is behaving.

**When can I receive my booster? Will there be staff on-site clinics (when and will staff working from home be eligible)?**

We have started to hold on-site booster clinics at both campuses. All GRH staff are eligible for these on-site clinics.  Staff can call Occupational Health at ext. 2300 for more information about upcoming clinics.

**Will we continue to need boosters?**

A lot of the science around Omicron and the pandemic is still evolving. Unfortunately we can’t predict at this point in time if additional boosters may or may not be needed.

**What are the predictions for what this will look like in Waterloo Region?**

Locally and provincially we are running at about the same case rate. Currently, the case rate is expected to double every two days based on the data that is known. The curve is going to get very exponential very quickly, because a lot of the cases are already in transition. We would caution staff against relying on the daily case counts as completely accurate, because the data will be very slow to enter into the system with rapid antigen testing; there may be a bit of a case lag. We don’t currently expect the Region of Waterloo to be any different from any other major urban centre in Ontario.

**Can we still get together with family over the holidays?**

Yes, you can, but we expect that staff will continue to follow public health guidelines. This includes avoiding gathering in large groups or attending multiple social gatherings and maintaining protocols that we know work: wear a mask, maintain physical distancing and wash/sanitize your hands regularly.

**If I cancel my vacation, do I get to carry over that time?**

Yes, we understand that with current travel restrictions, some employees may want to cancel their vacations. Please let your manager know if you’d like to cancel your vacation. This unused time can be carried over to 2022.

**Will we get rapid tests for staff at GRH? What about family members?**

Due to limited supply, we are preserving our rapid antigen tests for those who are exposed, asymptomatic and may be required to work based on staffing needs. Unfortunately, they won’t be sent out for personal/family use.

**If I test positive for COVID-19, will I be able to tell if it’s the Omicron variant?**

No, you will not be able to tell for sure, as the strain is not indicated in the Region’s reporting. However, recent data shows that over 90 per cent of new COVID cases are the Omicron variant, so there is a very good likelihood if you test positive that it will be Omicron.

**Moderna vs Pfizer booster (I’ve had Pfizer all along and now they want to give me Moderna. Is this safe?) What are the efficacy rates with respect to Omicron?**

Out of an abundance of caution, Ontario issued a preferential recommendation for the use of Pfizer for individuals 18-24 years of age, and the continued use of Pfizer for individuals 12-17 years of age based on cases of pericarditis in males under the age of 30 years, commonly after their second dose of Moderna (these cases have been mild and with quick recovery).

From a general sense, there doesn’t seem to be any real difference between Moderna and Pfizer for booster doses - they should work equally as well. Data is still limited on efficacy rates with respect to Omicron, but early data suggests that you should get a very good antibody boost from your immune memory, and it shouldn’t matter whether it’s one vaccine versus the other.

**What are the side effects of boosters?**

Typically, if you’ve experienced side effects after your first and second doses, you should experience similar side effects with the booster, and it may be a bit heightened. There shouldn’t be any new side effects that are experienced with the booster dose. The most common side effects include headache, chills, fever and overall fatigue.

**If I travel for essential reasons, do I need to isolate upon my return?**

We are following provincial and federal guidelines when it comes to travel. Currently the recommendations in place are to avoid all non-essential international travel. If you must travel internationally for essential reasons, such as the death of a loved one, we would follow current guidelines in place at the border, which is to self isolate until you receive a negative COVID-19. If you are travelling for essential reasons, please factor in the extra time needed for isolation in mind.

**Given the rapid transmission of Omicron, should we be wearing level 2 masks?**

We continue to wear all of our masks at all times when we can’t maintain physical distancing.  We have increased the amount of PPE when providing care for patients with a suspected or confirmed case of COVID-19 and will not be changing the level of the masks for source control.

**Chat questions:**

**Some people who do not want to have the booster shot have argued that the memory cell (T cell?) has already remembered the virus in the first and second doses. They believe even though the antibody reduces, they are still safe and do not need the booster since the memory cell will trigger the immune system to fight back. Is that opinion correct?**

Unfortunately we don’t have enough data at this time to know how long t cell memory is valid. What we do know is that by getting a booster you are adding to your layer of protection, especially for our vulnerable populations; what may be a mild case for you, could lead to hospitalization for others.

**What is the current best/fastest way for staff to get access to covid testing should we become symptomatic?**

If you become systematic, your best/fastest option continues to be contacting the community testing centre at 226-806-5690, option 4 and let them know you are a GRH staff member. If you indicate you are a Grand River Hospital employee, results will be sent directly to Occupational Health to inform you as quickly as possible if your test is positive. More details can be found here: <https://www.grhosp.on.ca/care/visitors/covid-19/covid-19-testing-clinics>

**Long-term care is requiring all visitors to be vaccinated. Should we also follow that for similar long-term patients that are at risk, and have family members that are not vaccinated coming to visit?**

Our current Care Partner guidelines require that all Care Partners are fully vaccinated. Exceptions will be made on a case by case basis determined by managers, most are which are made for patients in Childbirth or at the end of life.

**There have been reports of instances of Toronto nurses and health care workers being required to work after a positive covid test result. Public Health Ontario has recommendations for "self-isolating while working".  Would GRH ever consider this if staffing issues worsen?**

We are not in this situation currently, but if staffing shortages continue, we could explore the option of bringing staff with a high risk exposure in their household under a work isolation agreement.

**If schools move to remote learning again in the new year, what accomplishments will be made for staff that may not be able to make alternate child care arrangements?**

There are a few options available to you if you are required to take time off work to care for children:

1. You may ask for a leave of absence
2. Take vacation time
3. Talk to your manager to see if altering your schedule will work e.g. work weekends, evenings

**Should chemotherapy patients have a rapid antigen test the day of, or day before their treatment? Is there any benefit to doing this to reduce transmission in the unit? Do you recommend staff utilize rapid covid tests before a small Christmas gathering? Before returning to work after the holidays?**

There are limitations to rapid antigen tests compared to PCR tests. Rapid testing is a diagnostic tool, not a good preventative measure. If you are experiencing COVID-19 symptoms, there may be some value in taking a rapid antigen test before a PCR test. Overall, we recommend that staff continue to follow Public Health measures at this time and discourage use of rapid testing as a method to justify attending social gatherings.

**Is there any update on severity of symptoms and transmissibility in an Omicron infected *vaccinated* person vs an Omicron infected *unvaccinated* person?**

Unfortunately we have limited data on this topic. We are still trying to find out more about Omicron and how their mutations play out in the world. If we look at the Delta variant for comparison, we see a similar viral load, that doesn’t last as long when individuals are vaccinated. When you look at the risk of household transmission with fully vaccinated individuals, with Delta, it was 25 per cent, compared to unvaccinated individuals where the risk jumped to 36 per cent. In certain environments (repeated close contact for example), we are still seeing a high risk of transmission, between vaccinated and unvaccinated individuals. What we do know however, is that the booster dose provides significant protection against serious illness from COVID-19.

**If we get COVID, do we get paid sick time still?**

Full-time team members will have their first 2 days paid – if they are positive they get 10 days – if they are negative, the absence is unpaid and they must submit a Health Care Practitioner Statement from their treating provider (HCPS) to support their absence and subsequent payment if validated.

Part-time team member’s leaves are unpaid, however, staff can apply for [Bill 284](https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-284).

**If we are told to isolate at home due to a work contact, are we paid?**

This is an unpaid leave for full-time team members and they can use vacation or lieu time. It is also unpaid leave for part-time team members, however staff can apply for [Bill 284](https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-284).