

**Ministry of Health**

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**Ministère de la Santé**

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December 24, 2021

**MEMORANDUM**

**TO: Deputy Ministers**

**RE: Work self-isolation**

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As the highly- transmissible Omicron variant is the dominant strain of COVID-19 in Ontario, we are anticipating a continued rapid increase in cases that will have impacts for staffing levels in all sectors, and particularly for sectors where work from home is not possible. We are anticipating that in the coming days and weeks we may see absenteeism due to symptomatic illness as high as 20-30%.

Our case and contact management strategy will continue to evolve in the coming days and weeks, with a focus on symptomatic individuals staying at home while they have symptoms, as well as self-isolation for household members of someone who is sick or tests positive and for close contacts in high-risk settings such as acute care, long-term care, and other congregate living settings.

Due to both quarantine and isolation measures, we know that some sectors will experience critical staffing shortages, with risks of significant impacts on care or safety. In these circumstances, there may be a need to bring in individuals who have been told to self-isolate due to their exposure to someone who is symptomatic or has tested positive. This should be managed under 'work self-isolation' with risk mitigation measures.

**Work self-isolation may be considered if the close contact is:**

- Asymptomatic; AND
- Fully vaccinated; AND
- Actively screened ahead of each scheduled shift; AND
- Continuously tests negative on required testing.

Testing requirements include initial and repeat PCR/rapid molecular testing on day 7, and daily rapid antigen testing (RAT) for the period the individual is in work self-isolation (i.e., up to 10 days from last exposure to a case).

We recommend bringing in as few workers on work self-isolation as are required to maintain business continuity. Where possible, only initiate work self-isolation after an initial negative PCR/rapid molecular testing is available, and at least 5 days after their last exposure to the case.

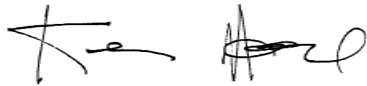
Where PCR/rapid molecular or RAT testing is not available to support work self-isolation testing requirements, organizations with critical staffing shortages that are challenged with respect to

patient/resident safety or critical infrastructure should consult with their local public health unit on risk reduction measures and the appropriateness of work self-isolation.

Staff who are cases (i.e. have tested positive) should not be considered for work self-isolation. Any critical situations where this is being considered must be discussed with the public health unit.

Thank you for your understanding in these challenging times and your flexibility in updating your workplace health and safety guidance.

Yours truly,

A handwritten signature in black ink, appearing to read 'K. Moore', with a stylized flourish at the end.

Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS  
Chief Medical Officer of Health