

	<h1>Guideline Document</h1>				
Ref: GD:08:19	Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services				
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Consultation With:	Health Protection Surveillance Centre Occupational Health Clinical Advisory Group Pandemic Infection Control Team (PICT)				
Responsibility for Implementation:	Healthcare Services Management				

Updates in version 19:	
Introduction and Section 2	<ul style="list-style-type: none"> • Changed from previous infection within previous 6 months to 3 months • Included derogation for fully vaccinated HCW's who have not received a booster vaccine or had previous COVID-19 infection within 3 months, to be used in exceptional circumstances. This decision to derogate is from the Office of the National Director of Acute Operations or the Office of the National Director of Community Operations. • References Public Health Guidance regarding Variants of Concern • Included the requirement for derogation for HCWs who are restricting movement due to close contact with a symptomatic person who is awaiting PCR test/result.
Appendix 1	Updated in line with guidance changes 'Advice for HCW' column removed as available on Quick Guide

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1. Introduction

This document refers to asymptomatic Healthcare Workers (HCWs) who are restricting their movements due to close contact with a confirmed or possible COVID-19 case and who have been identified as essential to critical service needs. This is only relevant for 'Fully Vaccinated' asymptomatic HCW close contacts as defined on [Public Health guidance](#).

In the case of a fully vaccinated HCW, who has received a booster vaccine, or had previous COVID-19 infection within 3 months, it is appropriate that senior management on site are the decision makers regarding the need to derogate.

In the case of a fully vaccinated HCW's who have not received a booster vaccine or had previous COVID-19 infection within 3 months, and are identified close contacts, derogation must only be used in **exceptional circumstances** given the inherent risks. This decision to derogate must be escalated to the Office of the National Director of Acute Operations or the Office of the National Director of Community Operations for final approval.

Derogation can only occur in the above circumstances following risk assessment by management. The derogation must be agreed to by the HCW.

Derogation cannot be applied to an unvaccinated HCW identified as a close contact, or a HCW (vaccinated or not) who is a close contact with a confirmed or possible case of COVID-19 in which the case is a 'Person Under Investigation' (PUI) due to a 'Variant of Concern'. See [above Public Health guidance](#) for details of variants excluded from this requirement.

2. Process for Derogation of Fully Vaccinated Healthcare Worker Close Contacts

- 2.1. In line with Government Policy, 'Fully Vaccinated' Healthcare Workers (HCWs), are required to restrict movement from the day they are informed of their status as a close contact. They will require antigen testing in line with [Public Health Guidance](#).
 - 'Fully Vaccinated' Healthcare Workers (HCWs), who have received a booster vaccine or had previous COVID-19 infection within 3 months, must restrict movement for 5 days.
 - Fully Vaccinated' Healthcare Workers (HCWs), who have not received a booster vaccine or had no previous COVID-19 infection within 3 months, must restrict movement for 10 days.
- 2.2. In line with Public Health guidance, all close contacts of a symptomatic person awaiting an RT-PCR result should restrict their movements until the test result has come back regardless of the close contacts vaccination status or prior COVID-19 infection.
- 2.3. Following consideration of risk, asymptomatic fully vaccinated HCWs may receive a derogation to return to work from senior management in their healthcare facility.
- 2.4. Senior managers/ Office of the National Director of Acute Operations or the Office of the National Director of Community Operations should ensure the following process:
 - Complete the checklist on Appendix 2 in order to make the decision regarding derogation.
 - Consideration should be given to the risk to patient safety from absences of essential HCWs. This process should include an assessment of available personnel who can be redeployed within the service.

- All practical efforts have been made to recruit alternative HCWs with the necessary skills and experience.
 - Discussion with the HCW regarding the reason derogation is necessary, and proceed once agreed.
 - A risk assessment may be necessary to minimize the risk created by the HCW attending work.
- 2.5. If, despite these actions, an area cannot be staffed safely or a critical skill set to provide critical/essential services is unavailable, then derogation from appropriate management may be given to HCW from the identified critical services to return to the workplace.
- 2.6. These derogated asymptomatic HCWs must have the first negative antigen test completed prior to returning to the workplace. For example, if immediate return is required, then Day 0 testing must be carried out. They must continue antigen tests every second day as required. during the period of derogation. An RT-PCR test may be considered where access to it is readily available, but is not required to allow the derogation to proceed. Where RT-PCR testing is used it must be carried out under the clinical governance of the Healthcare Facility. Please note Occupational Health have no role in the provision of antigen testing.
- 2.7. In the event a derogation is agreed, the HCW will be actively monitored twice daily by their line manager/designate (to include temperature check, which must be < 37.5°C), once prior to starting their shift and at one point during their shift. The HCW must be aware of possible COVID symptoms – see Table 1.
- 2.8. The HCW must continue to restrict movement as per public health guidance when not in work.
- 2.9. HCWs who are derogated must adhere strictly to current Infection Prevention and Control (IPC) and PPE recommendations.
- 2.10. All HCWs will be under strict instructions from their manager to self-isolate and arrange PCR testing should they become symptomatic.

Table 1 - Symptoms of COVID-19

The most common symptoms of COVID-19 are:

- [fever \(high temperature - 38 degrees Celsius or above\)](#) - including having chills
- dry cough
- fatigue (tiredness)

Less common symptoms of COVID-19 include:

- [loss or change to your sense of smell or taste](#)
- nasal congestion (runny or blocked nose)
- conjunctivitis (also known as red eyes)
- sore throat
- headache
- muscle or joint pain (aches and pains)
- different types of skin rash
- nausea or vomiting
- diarrhoea
- chills or dizziness

For the most up to date list of symptoms please see <https://www2.hse.ie/conditions/covid19/symptoms/overview/>

3. References/Useful Links:

Health Services Executive (2020). *Risk Assessment of Healthcare Workers Exposure to Covid-19 Case*. Available at: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/> Last accessed 18th Nov 2021.

Health Protection Surveillance Centre. (2020). *Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19*. Available: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>. Last accessed 17th Nov 2021.

Health Protection Surveillance Centre. (2020). *Use of PPE to support Infection Prevention and Control Practice when performing aerosol generating procedures on Confirmed or Clinically Suspected Cases of COVID-19*. Available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/aerosolgeneratingprocedures/>. Last accessed 18th Nov 2021.

Health Services Executive. (2020). *Assessment, Testing and Return to Work of Symptomatic Healthcare Workers*. Available at: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>. Last accessed 18th Nov 2021.

Government of Ireland. (2020). *Government advice on international travel*. Available at: <https://www.gov.ie/en/publication/77952-government-advice-on-international-travel/> . Last accessed 22nd Dec 2021.

Health Information & Quality Authority. (2021). *Advice to the National Public Health Emergency Team: Derogation of healthcare workers, who are deemed close contacts, from restricted movements following COVID-19 vaccination*. Available: <https://www.hiqa.ie/reports-and-publications/health-technology-assessment/derogation-vaccinated-healthcare-workers>. Last accessed 18th Nov 2021.

Health Protection Surveillance Centre. (2021). *SARS-CoV-2 Variants of Concern*. Available: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/sars-cov-2variantsofconcern/>. Last accessed 23rd Nov 2021.

Health Services Executive (2020). *Symptoms of COVID-19*. Available at: <https://www2.hse.ie/conditions/covid19/symptoms/overview/>. Last accessed 23rd Nov 2021.

Health Protection Surveillance Centre. (2020). *National Guidelines for Public Health management of contacts of cases of COVID-19*. Available: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/>. Last accessed 23rd Dec 2021.

4. Appendix 1 – Healthcare Workers Considered for Derogation

Type	Status	Derogation from Management as 'Essential' HCW	Monitoring following derogation
1.	Symptomatic or Asymptomatic HCWS with a COVID 19 Detected Test Result.	Not an option.	Not applicable.
2.	Symptomatic HCWS with a 'Not Detected' COVID 19 Test Result who are not close contacts requiring restricted movement	Not required or indicated	Not applicable.
3.	Symptomatic HCWs who do not fit the COVID 19 criteria for testing.	Not required	Not applicable
4.	Asymptomatic HCWs not 'fully vaccinated' who are Close Contacts of any confirmed or possible COVID 19 Case	Not an option.	Not applicable.
5.	HCWs with symptomatic household contact who don't fit criteria for testing or have 'Not Detected' tested	Not required	Not required
6.	'Fully Vaccinated' HCW Close Contact of any confirmed or possible COVID- 19 Case Who is 7 days after booster OR had confirmed previous Covid-19 infection within 3 months	With derogation as an Essential HCW from senior management, the HCW may return to work if asymptomatic with a Not Detected antigen or PCR test result	Active monitoring twice daily by manager
7.	'Fully Vaccinated' HCW Close Contact of any confirmed or possible COVID- 19 Case with no booster AND no previous COVID-19 infection within 3 months	In exceptional circumstances , with derogation as an Essential HCW from a National Director of Operations, the HCW may RTW if asymptomatic with a Not Detected antigen or PCR test result	Active monitoring twice daily by manager
8..	Asymptomatic HCW with indeterminate or equivocal test results	No derogation required	Not required

5. Appendix 2 - Derogation Checklist for Fully Vaccinated Healthcare Workers with Household Close Contacts

Service: _____ Unit: _____

Senior Manager/National Director Name: _____ Job Title: _____

Senior Manager/National Director Email: _____

Employee Name: _____ Job Title: _____

Date of Birth: _____ Employee No: _____ Mobile No: _____

Fully Vaccinated: Yes No Booster: Yes No

Covid-19 infection within previous 3 months: Yes No Date: _____

Date Restricted Movement Ends _____

Risk Assessment for the Derogation of a Fully Vaccinated Healthcare Worker <u>Restricting Movement</u> Due to Household Close Contact	
Are there other available HCWs from non-essential services who may be redeployed for this role:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can efforts be made to reduce capacity in non-essential services, allowing redeployment of another HCW to this role for the duration of restricted movement:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have efforts been made to recruit alternative HCWs with the necessary skills	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this HCW role critical to ensure essential services continue	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the HCW agreed to the derogation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the HCW aware they must restrict movement outside of work and must self-isolate immediately and arrange PCR testing if they develop COVID-19 symptoms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you manage twice daily active monitoring if required	Yes <input type="checkbox"/> No <input type="checkbox"/>

Decision for the Derogation of the Healthcare Worker

Based on the checklist this HCW can return to work on a derogation: Yes No

I will confirm the HCW has a negative antigen or PCR test completed prior to return to work.

I will ensure that the appropriate monitoring is carried out in line with the Guidance for the Derogation for the return to work of Healthcare Workers (HCW) who are essential for critical services’.

Senior Manager/National Director Signature: _____ Date: _____

Period for Derogation: _____ to _____

6. Appendix 3 – Sample Risk Assessment

Risk Assessment of Healthcare Workers on Restricted Movement for Derogation to Return to Work				
Division:		Source of Risk:		
HG/CHO/NAS/Function:		Primary Impact Category:		
Hospital Site/Service:		Risk Type:		
Dept/Service Site:		Name of Risk Owner (BLOCKS):		
Date of Assessment:		Signature of Risk Owner:		
Unique ID No:		Risk Co-Ordinator		
		*Risk Assessor (s):		
**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
Vaccinated Close Contact with booster -	Existing infection Prevention and Control measures Social distancing	Derogation Checklist completed to assess if Derogation required. Active monitoring twice daily to include temperature check – first check at start of shift Employee redeployed to reduce possible contact with patients or colleagues if deemed appropriate	Senior manager/ Designate	
INITIAL RISK		Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor
Per ECDC Guidelines		HIGH		