F	Guideline Document			Work Well	
Ref: GD:08:14	Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services				
Issue date:	22/03/2020	Revised Date:	19 Jan 2021	Review date:	TBD
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Consultation With:	Health Protection Surveillance Centre Pandemic Infection Control Team (PICT) Chief Clinical Officer				
Responsibility for Implementation:	Healthcare Se	rvices Managei	ment		

Updates in version	14:
Introduction	Added requirement to escalate decision to derogate household Close contacts to Office of the National Director of Acute Operations or the Office of the National Director of Community Operations for final approval
2.6	Specified that derogation of Household close contacts are in very exceptional circumstances only.
2.7	Included requirement for Day 10 testing of close contacts
3.1	Included that HCWs must adhere to Government guidelines re restricted
3.6	movement and testing following travel
2.7	Updated with new advice re RTW following Day 10 negative PCR test for
Appendix 1	close contacts
Rows 4 & 5	
Appendix 2	Included requirement for named person to approve household close
Appendix 4	contact derogation on form

1. Introduction

This document refers to HCWs who are restricting their movements due to, for example, close contact with a COVID-19 case and who have been identified as essential to critical service needs. It also refers to 'essential' HCWs entering the Island of Ireland.

Many areas are experiencing a shortage of HCWs as a result of COVID-19 and the requirement for HCW to restrict movements. This measure is in place to mitigate the risks in the direct provision of services for patient in critical areas within services while also ensuring on-going staff safety.

Given the on-going risk of infection, it is appropriate that senior management are the decision makers regarding the need to derogate a HCW, following risk assessment.

Specifically for HCW's who are close contacts of **Household cases**, 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.

2. Process for Derogation of HCWs on Restricted Movement

- 2.1. The Healthcare Workers (HCWs) who may receive a derogation to return to work on monitoring are outlined in Appendix 1.
- 2.2. Senior managers should ensure the following process as per checklists Appendices 2 & 3.
 - A detailed local risk assessment is to be undertaken in relation to the risk to patient safety due to absences of essential HCWs. This process should include an assessment of available personnel who can be redeployed within the service.
 - All efforts have been made to recruit alternative HCWs with the necessary skills.
- 2.3. 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 senior management may be given to HCW from the identified critical services to return to the workplace and Occupational Health will be notified.
- 2.4. For workplace close contact HCWs, consideration must be given to the fact that, if unprotected close contact involved aerosol generating procedures, then the HCW would have a higher risk of exposure to COVID-19. HCWs whose contact did not involve AGPs should be returned first where possible.
- 2.5. For workplace close contact HCWs the senior manager needs to carry out a risk assessment, to identify the level of risk, which may be higher due to AGP exposure or other high risk exposures, such as multiple exposures in a cluster. The control measures to manage this risk should be outlined for all relevant HCWs and local risk identification and relevant control measures must be considered. See Appendix 4–Risk Assessment with possible control measures.
- 2.6. HCWs **may only** be derogated if they are a close contact of a suspected or confirmed case in their home (household contacts) **in very exceptional circumstances** and only where staffing levels are severely impacted. Approval from these derogations must be received from the Office of the National Director of Acute Operations or the Office of the National Director of Community Operations as appropriate and the name of the approver recorded on the 'Derogation Checklist for Senior Manager' Appendix 2. Household contacts are defined in the 'National Interim Guidelines for Public Health management of contacts of cases of COVID-19' as people 'living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners'.

- 2.7. All derogated HCWs must have a negative test immediately prior to returning to the workplace. For example, if immediate return is required, then Day 0 testing must be carried out. For close contacts who are derogated, testing will also be carried out on Day 5 and Day 10 as per national guidance. The derogation is no longer required following confirmation of a negative day 10 PCR test.
- 2.8. In the event a derogation is made, the HCW will be <u>actively monitored</u> 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.</p>
- 2.9. Occupational Health must be informed of HCWs requiring <u>active monitoring</u> only. Daily active monitoring will also be carried out by Occupational Health for these HCWs, usually via daily text message system.
- 2.10. HCWs who had symptoms, but did not fit the criteria of a suspect case, were not tested and are now at least 48 hours symptom free, may return to work without derogation. These HCWs can return to work on while self-monitoring for symptoms. The manager must advise them of this requirement prior to their return. There is no requirement to inform Occupational Health.
- 2.11. Derogated HCWs requiring 'Active Monitoring' must be issued with leaflets for 'Essential Healthcare Worker on Active Monitoring' available at <u>https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/</u>. All HCWs will be under strict instructions from their manager to self-isolate and follow OH guidance for testing should they become symptomatic.
- 2.12. If asymptomatic HCWs are tested and the results are 'indeterminate', the HCW can remain at work, if continues to be asymptomatic, but urgent retest may be arranged if appropriate. This decision lies with the clinician who ordered the test. If a retest is clinically required then twice daily active monitoring by the HCWs manager is required. This does not require derogation or risk assessment.

3. Derogation by Senior Management Following Entry to the Island of Ireland

- 3.1. All HCWs must adhere to Government guidelines re restricted movement and testing following travel <u>https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/</u>
- 3.2. HCWs who are required to restrict movement following travel cannot return to the workplace.
- **3.3.** Restricted movement will not be required, for HCWs travelling from 'Green List Countries'. These HCWs do not require derogation to work. Information on Green List Countries is available at https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement
- **3.4.** However if these HCWs have worked in healthcare within 14 days prior to entering the island of Ireland, they must complete the 'Covid 19 Testing Protocol for HCWs Moving to a Different Service' <u>https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/</u>
- **3.5.** HSE HCWs travelling from all other countries **MUST remain out of the workplace for 14 days.** These HCWs should otherwise adhere to government guidelines for restricted movement following travel specific to that country – See <u>https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/</u>
- 3.6. If a HCW has travelled to a non-green-list country for 'imperative family or business reasons' (as per https://www.gov.ie/en/publication/8318d-eu-council-recommendation-and-travel-for-an-essential-purpose/), they must adhere to Government guidelines re restricted movement and testing.

- 3.7. If a HCW, who is required to restrict movement, travels to Ireland for essential work and this expertise is not available locally, Senior Management may derogate this worker to work within the service, with twice daily active monitoring by the line manager, for the duration of the period of restricted movement.
- 3.8. This derogation can be applied to
 - New-entry HCW coming from outside the island of Ireland with specialist expertise that is critical to services
 - Visiting HCW providing a specific essential service.
 - Existing HCW who travelled to provide an essential service outside the island of Ireland and is critical to services
- 3.9. The Senior Manager must complete the '<u>Derogation Checklist for HCW Entering the Island</u> of Ireland' – see Appendix 3.
- 3.10. Occupational Health must be informed by the line manager. Daily active monitoring will also be carried out by Occupational Health for these HCWs, usually via daily text message system.
- 3.11. The HCW will need to follow public health advice regarding restricted movement when not conducting their work.

4. References/Useful Links:

Health Services Executive (2020). *Risk Assessment of Healthcare Workers with Potential Workplace Exposure to Covid-19 Case.* Available at: <u>https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/</u> Last accessed 20th Nov 2020.

Health Services Executive. (2020). *Leaflets for Essential HCWs Returning to Work on Active/Passive Monitoring*. Available at: <u>https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/</u> Last accessed 11 Jan 2021.

COVID-19 Testing Protocol for Healthcare Workers Moving to a Different Service. Available: <u>https://www.hse.ie/eng/staff/workplace-health-andwellbeing-unit/covid-19-guidance/</u>. Last accessed 20th Nov 2020.

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: <u>https://www.hpsc.ie/a-</u>

z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/. Last accessed 11th Jan 2021.

Health Protection Surveillance Centre. (2020). *Aerosol Generating Procedures*. Available at https://www.hpsc.ie/a-

z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/aero solgeneratingprocedures/. Last accessed 18th Nov 2020.

Health Services Executive. (2020). *Telephone Assessment, Testing Pathway 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 Jan 2021.

Government of Ireland. (2020). *COVID-19 Travel Advice*. Available at: <u>https://www.gov.ie/en/campaigns/75d92-covid-19-travel-advice/.</u> Last accessed 18th Jan 2021.

Government of Ireland. (2020). *EU Council Recommendation and travel for an Essential Purpose.* Available at: <u>https://www.gov.ie/en/publication/8318d-eu-council-recommendation-and-travel-for-an-essential-purpose/</u>. Last accessed 18th Jan 2021.

Appendix 1 – Healthcare Workers Considered for Derogation

Туре	Status	Advice for HCW		Monitoring required following derogation*	
1.	Symptomatic or Asymptomatic HCWS with a Positive COVID 19 Test Result.	 Must self-isolate 10 days from the onset of their symptoms or the date of test. If asymptomatic at time of test and symptoms develop during 10 days self-isolation, they must self-isolate for 10 days from the date symptoms began. May RTW 10 days after the onset of symptoms AND Must be without fever for 5 days before RTW AND Must be medically well before RTW. 	Not an option.	Not applicable.	
2.	 Symptomatic HCWS with a Negative COVID 19 Test Result who: Are not returning from overseas Are not close contacts of a confirmed case (household, community or workplace) 	May RTW once asymptomatic for > 48 hours.	Not required or indicated	Not Required.	
3.	Symptomatic HCWS who do not fit the COVID 19 criteria for testing.	HCW may RTW once asymptomatic for > 48 hours	Not required	HCWs self-monitor for symptoms. The HCW will self- isolate if symptoms develop.	
4.	Asymptomatic HCWs who are Close Contacts of a Confirmed COVID 19 Case - healthcare or community, but NOT household	Must Restrict Movement for 14 days. Can stop restricting movement after 10 days if Day 10 test negative.	With derogation as an Essential HCW from management, the HCW may RTW if asymptomatic	Active monitoring twice daily by manager and daily by Occupational Health	
5.	 (a) Household contacts - positive Covid 19 test result (b) Symptomatic household contacts - awaiting test/results 	 (a) Must Restrict Movement for 14 days. Can stop restricting movement after 10 days if Day 10 test negative. (b) Must restrict movement until household contact swab result indicates negative result 	With derogation as an Essential HCW from management, the HCW may RTW if asymptomatic	Active monitoring twice daily by manager and daily by Occupational Health	
6.	 HCWs with symptomatic household contacts who Don't fit criteria for testing Have tested negative. 	May continue at work if asymptomatic	Not required	Not required	
7.	Asymptomatic HCW with indeterminate results	Clinical decision to retest. If retest, may work while results awaited	No derogation required	Active monitoring twice daily by manager	
8.	Travelling from overseas to provide an 'Essential Service'	Must remain out of the workplace for 14 days, unless from 'Green List Country'.	Derogation by Senior Management	Active monitoring twice daily by manager and daily by Occ Health	

Appendix 2 - Derogation Checklist for Senior Manager

Service:		Unit:	
Senior Manager Name	e:	Job Title:	
Senior Manager Emai	l:		
Employee Name:	J	lob Title:	
Date of Birth:	Employee No:	Mobile No:	
Date Commence Rest	ricted Movement:		
Reason for Restricted	Movement (Type 3 – 5):	:	
Date last Contact:	Empl	oyee Email:	
Risk Assessment f	or the Derogation of a Movement to Ret	Healthcare Worker on Restricted urn to work	
Are there other available role:	e HCWs from non-essential	services who may be redeployed for this	Yes 🗆 No 🗆
Can efforts be made to r another HCW to this role		ntial services, allowing redeployment of	Yes 🗆 No 🗆
Have efforts have been i	made to recruit alternative	HCWs with the necessary skills	Yes 🗆 No 🗆
Is this HCW role critical	to ensure essential services	continue	Yes 🗆 No 🗆
Is this HCW a Healthcare	e related Close Contact:		Yes 🗆 No 🗆
1. Was their conta	act during Aerosol Generati	ng Procedures:	Yes 🗆 No 🗆
2. Did they have c	contact with multiple index of	cases:	Yes 🗆 No 🗆
		ry out further risk assessment for control sehold close contact they MAY NOT be	
Can you manage twice d	laily active monitoring if req	quired	Yes 🗆 No 🗆
Decision for the Dero	gation of the Healthcare	Worker	
Based on the risk asse	essment this HCW can re	turn to work on a derogation: Yes 🗆 N	0 🗆
Derogation for the ret		is carried out in line with the Guidance are Workers (HCW) who have been advi ial for critical services'.	
Senior Manager Signa	iture:	Date:	
Period for Derogation	ı:	to	
	Class Contract Advandate	we approved for developmention must be obt	

Appendix 3 - Derogation Checklist for HCW Entering Island of Ireland - Senior Manager

Service:	Unit:
Senior Manager Name:	Job Title:
Senior Manager Email:	
Employee Name:	Job Title:
Date of Birth: Employee No:	Mobile No:
Date Entering Ireland:	
Date Restricted Movement Ends	

Risk Assessment for the Derogation of a Healthcare Worker Self Isolating Due to Travel into the Island of Ireland from a country not on the 'Green list'			
Are there other available HCWs from other services who may be redeployed for this role for the duration of restricted movement:	Yes 🗆 No 🗆		
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 🗆 No 🗆		
Has the HCW had known close contact with confirmed COVID-19 cases in the 14 days prior to travel	Yes 🗆 No 🗆		
Is the HCW aware they must restrict movement outside of work hours until 14 days post entry to Ireland or that they must self-isolate immediately at work if they develop COVID-19 symptoms	Yes 🗆 No 🗆		

Decision for the Derogation of the Healthcare Worker

Based on the risk assessment this HCW can return to work on a derogation: Yes \square No \square

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 have been advised to restrict movement BUT are identified as essential for critical services'.

I will provide the HCW with a Returning from Travel & New Entry Healthcare Worker Information leaflet prior to travel – See <u>https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/</u>

Senior Manager Signatu	Manager Signature: Date: Date:	
Period for Derogation: _	to	

<u> Appendix 4 – Risk Assessment</u>

Division:			Source of Risk:				
HG/CHO/NAS/Function:			Primary Impact Category:				
Hospital Site/Service:			Risk Type:				
Dept/Service Site: Date of Assessment:				Name of Risk Owner (BLOCKS):			
			Signature of Risk Owner:				
Unique ID No:			Risk Co-Ordinator				
			*Risk Assessor (s):				
**HAZARD & RISK DESCRIPTION		EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUI	RED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE	
Confirmed close contact to patient /HCW with probable/confirmed COVID-19 Household close contact	Con	sting infection Prevention and atrol measures ial distancing	Active monitoring twice daily to include temperature check – first check at start of shift Employee redeployed to reduce possible contact with patients or colleagues Employee maintains distance of >1 meter from patients and HCW colleagues as far as is reasonably practicable Where >1 meter distance cannot be maintained HCWs should limit contact as far as is reasonably practicable Final approval for derogation		Line manager/designate Healthcare Worker Office of Director of Acute/Community		
INITIAL RISK		Risk Status					
Likelihood Impact Initial Risk Rating			Open	Mar Die	Monitor	Closed	
Per ECDC Guidelines HIGH		•					