

	<h1>Guideline Document</h1>				
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1. Introduction

Coronaviruses are a large family of viruses that circulate among animals, including camels, cats and bats, with some causing illness in humans e.g. SARS (civet cats) and MERS (dromedary camels). Rarely, animal coronaviruses can change and infect people and then spread between people such as has been seen with MERS and SARS.

In December 2019, a novel coronavirus (COVID-19) was first isolated from three patients with pneumonia, connected to the cluster of acute respiratory illness cases from Wuhan, China. Genetic analysis revealed that it is closely related to SARS-CoV and genetically clusters within the genus Betacoronavirus, forming a distinct clade in lineage B of the subgenus Sarbecovirus together with two bat-derived SARS-like strains.

Coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. Personal protective equipment (PPE) and good infection prevention and control precautions are effective at minimising risk but can never eliminate it.

This document aims to outline the role of Occupational Health (OH) in preparing for and managing potential coronavirus exposures. It is an interim guideline, and will be updated as new evidence based information becomes available. This document should be read in conjunction with HPSC guidance documents including the [Interim Infection Prevention and Control Precautions for Possible or Confirmed 2019 novel Coronavirus \(COVID-19\), Middle East Respiratory Syndrome Coronavirus \(MERS- CoV\) and Avian Influenza A in Healthcare Settings](#)

Further Information can be found on the HPSC website - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>

Public Health can be contacted to provide further information and support - see Important Contact Details for Management of Coronavirus Appendix 3

2. Prevention of transmission of Coronavirus

It is the responsibility of each individual service to ensure that an appropriate management plan is in place to identify patients with potential Coronavirus and to protect healthcare workers (HCW) so that they can safely care for the patient.

There are a series of fundamental steps in the prevention of transmission of Coronavirus in healthcare settings including:

- Administrative measures (e.g. the education, instruction and training in relation to the nature of the Coronavirus, mode of transmission and the steps HCWs are required to take to protect themselves),
- Appropriate work practices (inc. standard, droplet and transmission-based precautions)
- Provision of a safe work environment
- Use of personal protection equipment appropriate for the risk and the tasks, having received repeated training and having demonstrated competency in performing all

- Coronavirus-related infection control practices and procedures, specifically in donning and doffing proper PPE
<https://www.who.int/csr/resources/publications/putontakeoffPPE/en/>
- Health Surveillance for identified contacts

3. Roles and Responsibilities – General

3.1. HSE Management

- 3.1.1.To provide adequate resources for the prevention and management of Coronavirus events within the HSE
- 3.1.2.To advise staff regarding the terms and conditions of sick leave / reasonable accommodations should this be required in terms of contacts potentially exposed to Coronavirus.
- 3.1.3.To identify HCWs in contact with confirmed case of COVID-19 and refer for contact tracing to Occupational Health
- 3.1.4.To implement arrangements to maintain and provide access to Contact Packs within the clinical/hospital setting.
- 3.1.5.To redeploy pregnant or immunocompromised staff from direct contact with a confirmed or suspected case of COVID-19, if the HCW has requested this – see section 4.2.2.

3.2. Workplace Health & Wellbeing (WHWU) National Clinical Lead

- 3.2.1.To ensure all Occupational Health Services are aware of their responsibilities in line with this guidance
- 3.2.2.To seek evidence of preparedness from Occupational Health Services – See Appendix 9 for checklist.
- 3.2.3.To ensure adequate resources are in place for the provision of Occupational Health response in an emergency situation, with a surge capacity plan if necessary. This may allow extra resources to be allocated to assist local services in the event that a Coronavirus exposure may have occurred.
- 3.2.4.To liaise with responding Occupational Health Services during and after a Coronavirus exposure to provide additional support and to evaluate the response for further learning and development of the guidance.

3.3. Occupational Health Services

- 3.3.1.To prepare for potential contact tracing of healthcare workers within their service areas – See Appendix 9 for checklist.
- 3.3.2.To engage with local teams in preparation and management of cases.
- 3.3.3.To ensure close contact packs are available and updated as required. To agree with local management on the location and access of these packs
- 3.3.4.Where unclear as to the contact category, assessment and assignment of affected HCW to casual or close contact category
- 3.3.5.Follow-up surveillance of ‘Close Contacts’ and relevant HCWs returning from ‘affected areas’ (See 4.2.5), as agreed locally.

- 3.3.6.To arrange testing for symptomatic testing contacts as per ‘Telephone Risk Assessment and testing pathway for mildly symptomatic Healthcare Worker contacts who phone Occupational Health (OH)’.
- 3.3.7.To ensure implementation of this guidance as required
- 3.3.8.To provide timely and regular updates on the preparation and management of a Coronavirus event to WHWU
- 3.3.9.To carry out an evaluation of the process and outcomes to facilitate further development of the guidance.

3.4. Employees

- 3.4.1.To follow the guidance provided by Occupational Health / Public Health and their manager.
- 3.4.2.To immediately act to self-isolate if they have been identified as a contact and become unwell at work and to inform their manager so that appropriate testing may be arranged.

4. Role of Occupational Health - Pre-exposure / preparation

4.1. Protection of staff

- 4.1.1.OH have an advisory role only in supporting the Infection Prevention and Control teams in the implementation and delivery of the training and education of HCWs.

4.2. Fitness for work

- 4.2.1.OH will be available to discuss fitness for work concerns with individual HCWs and, with required consent, service management – see appendix 4 for sample consent.
- 4.2.2.The following HCWs should not be rostered to work with Coronavirus patients
 - HCWs for whom it has not been possible to identify and provide appropriately fitting PPE.
 - HCWs who are pregnant or immunocompromised secondary to illness or treatment, and who have indicated they would like to be redeployed.

Please note the Immunisation Guidelines of Ireland can be used when considering if a HCW is Immunocompromised, (<https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/> Chapter 3) However, clinical judgement may require that certain other categories of HCWs are also considered immunocompromised.
- 4.2.3.HCWs should be advised of the availability of the OHS to assess other health concerns and advise on fitness for work issues on a case by case basis.
- 4.2.4.Any potential health problems identified at preparatory training into appropriate work practices and their medical fitness to use PPE should be referred to the OHS for assessment via the standard management referral process.
- 4.2.5.If a HCWs has travelled to an area with presumed on-going community transmission of COVID-19* in the previous 14 days they should be requested to contact Public Health for advice. Occupational Health should be updated on the outcome of this and the requirement for any monitoring/exclusion from work.

*Areas of concern will be updated on the HPSC website. See the document 'Information on novel coronavirus (COVID-19) for people who have come to Ireland from other countries including visitors, students and workers' for link to the affected countries - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/traveladvice/>

Appropriate work practices and infection control techniques, including the wearing of personal protective equipment, should be followed at all times (*See the WHO Guidance 'Infection prevention and control during health care when novel coronavirus (COVID-19) infection is suspected'*).

5. Management of HCW Contacts Exposure in the Workplace

5.1. Contact Tracing purpose and responsibility

- 5.1.1. The purpose of contact tracing is to monitor those who have been in close contact with a Coronavirus case to ensure early detection of disease if they have been infected. This will lead to early identification and management of the case and, in most cases, better clinical outcomes and to prevent onward transmission to others.
- 5.1.2. Contact tracing should be initiated as soon as possible, as per locally agreed arrangements after a confirmed case of COVID-19 or a highly likely suspected case requiring intensive or high dependency care is identified in Ireland.
- 5.1.3. If clinical and exposure history of the suspected case are highly likely to be COVID-19, identification of contacts and assessment of their close or casual status should be performed while laboratory test results are awaited.
- 5.1.4. If the clinical or exposure history of the suspected case are not highly suggestive of COVID-19, contact tracing activities can be delayed until laboratory results are received.
- 5.1.5. Contact tracing of a case in Ireland is completed by Public Health (PH) in conjunction with the hospital team (Infectious Disease consultant/admitting physician, Infection Prevention and Control Team (IPCT), clinical Microbiologist and Occupational Health Service).
- 5.1.6. It is usual that:
- Community based contacts will be monitored by Public Health
 - Healthcare workers, including laboratory staff, National Ambulance Service staff and affected agency staff will be monitored by Occupational Health
 - Hospital in-patient contacts will be monitored by infection prevention and control and clinical microbiologist while receiving in-patient care and by Public Health following discharge.
- 5.1.7. All persons identified as having had contact with a confirmed case or a highly likely infectious suspected case should be classified as a close or casual contact.
- 5.1.8. Relevant demographic, epidemiological and exposure data should be compiled for each contact. See section 5.8 for data collection information.

5.1.9. Contact tracing and management are based on the latest available knowledge – (ECDC Public health management of persons having had contact with novel coronavirus cases in the European Union)

- The incubation period of COVID-19 is currently understood to be 2–12 days. For precautionary and practical purposes, a follow-up period of 14 days (two weeks) should be considered.
- A case is believed to be most infectious when symptoms are present, but could possibly already be infectious before the onset of symptoms. Infectiousness is likely to be correlated with severity of symptoms in ambulatory patients. Transmission is believed to be mainly via respiratory droplets. At present, it is still unclear whether airborne or faecal transmission is possible (25 February 2020).

5.2. Identification of HCW contacts

5.2.1. In the context of the following definitions, the definition of a case is - **laboratory confirmed infectious Novel Corona Virus case or to a highly likely infectious suspected case**, as confirmed by the treating consultant or the microbiology consultant on duty. In certain circumstances, where possible cases fall outside case definitions, a clinical decision may be required.

Close contact definition

HCWs (excluding laboratory workers) who:

- have a cumulative unprotected exposure during one work shift (i.e. any breach or omission of gloves, a gown, eye or respiratory protection) for more than 15 minutes face-to-face (< 2 meters distance) to a case
OR
- have any unprotected exposure of their eyes or mouth or mucus membranes, to the bodily fluids (mainly respiratory secretions e.g. coughing, but also includes blood, stools, vomit, and urine) of the case.
OR
- have any unprotected exposure (i.e. any breach in gloves, gown, eye or respiratory protection) while present in the same room when an aerosol generating procedure (e.g. cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, sputum induction) is undertaken on the case.

Any HCW who meets the above criteria, will be considered a Close Contact 14 days after this contact.

Contact needs to have occurred during the infectious period, which, given the current knowledge about COVID-19 transmission, is currently defined as from the day of symptom onset in the case until the case is classified as no longer infectious by the treating team (usually 24 hours after the symptom resolution).

HCW Casual Contact Definition

HCWs (excluding laboratory workers) who have taken recommended infection control precautions, including the use of appropriate PPE (i.e. a protected exposure) during the infectious period for the following types of exposure to a case:

- A cumulative **protected exposure** during one work shift for more than 15 minutes face-to-face (less than 2 meters distance) to a case
OR
- Any **protected exposure** to the bodily fluids (mainly respiratory secretions e.g. coughing but also includes blood, stools, vomit, and urine) of the case
OR
- Any **protected exposure** while present in the same room when an aerosol generating procedure (e.g. cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, sputum induction) is undertaken on the case
OR
- A HCW who was not wearing gloves but was wearing a gown, eye, nose and mouth protection, performed hand hygiene immediately after hand skin contact with secretions / excretions of a case, would be considered low risk and therefore not a close contact.
OR
- A cumulative **unprotected exposure** during one shift (i.e. any breach or omission of gloves, a gown, eye or respiratory protection) for **less than 15 minutes** face-to-face (less than 2 meters distance) to a case.

Any HCW who meets the above criteria, will be considered a Casual Contact for the duration of the care provided and for 14 days after the last contact.

Laboratory HCWs

- Lab HCWs who have not fully adhered to good laboratory practice in one work shift for **less than 15 minutes**, while testing samples, are classified as **Casual Contacts**.
- Laboratory HCWs who have not fully adhered to good laboratory practice for **15 minutes or more** in one work shift, while testing samples, are classified as **Close Contacts**.

Laboratory HCWs who have taken recommended infection control precautions, including the use of appropriate PPE (i.e. a protected exposure while handling samples) of a case are not classified as contacts.

Returning Healthcare Workers:

All health care workers who are returning to Ireland who have travelled to or have been in an area of ongoing community transmission within the preceding 14 days must contact their local Department of Public Health for assessment.

(Healthcare workers returning from areas with presumed ongoing transmission of Covid-19 are dealt with separately in section 9)

There are two types of follow-up of HCW contacts for **workplace** contact:

Active follow-up – required for Close Contacts (see section 6):

The HCW:

- **Must not** remain at work
- Linked to Occupational Health
- Close Contact specific advice provided
- Contacted on a daily basis
- Self-monitor for symptoms for 14 days after the exposure incident
- Contact Occupational Health/Emergency Department if they develop relevant symptoms

Passive follow-up - required for Casual Contacts (see section 7):

HCW:

- Asymptomatic Casual Contacts Can remain at Work
- Symptomatic Casual Contacts **Must not** remain at work
- Casual Contact specific advice provided
- Self-monitor for symptoms for 14 days after the last potential exposure
- Contact Occupational Health/Emergency Department if they develop relevant symptoms

5.3. Preparation to manage contacts

5.3.1. Arrange the preparation of contact packs and agree location for storage of these packs to ensure they're available at all times.

5.3.2. 'Close Contacts' information envelopes should be prepared per hospital/ National Ambulance Service area – see section 6 for details.

5.3.3. 'Casual Contacts' information sheets should be available in all areas for HCWs providing care to a case. See section 7 for details.

5.3.4. Ensure important contact information is available. See Appendix 3 – Template for recording Important Contact Details

5.4. Exposure risk assessment

- 5.4.1. A register or 'log' of all HCWs involved in the care of a patient suspected or diagnosed with Coronavirus, or who fulfil the definition of a contact, should be collated by local management for the OHS. This should include the HCWs' contact details. These will be deemed 'Casual Contacts'.
- 5.4.2. Where a possible close contact incident has occurred, the Occupational Health service will carry out an exposure risk assessment.
- 5.4.3. OH will undertake active monitoring of Close Contact HCWs occupationally exposed to Coronavirus (i.e. contacts) and will inform the individual of the supports available.

5.5. Support, Counseling & Provision of Information

- 5.5.1. The OH will ensure that all contacts have correct and accurate information in relation to their risk of exposure. See section 6 and 7
- 5.5.2. Contacts assigned to active monitoring will be contacted daily by Occupational Health and will be advised of actions should they display symptoms.
- 5.5.3. Contacts should be informed of the psychosocial supports that are available via the OHS and the local Employee Assistance Programme/ Employee Wellness Programme/ Staff Counselling services.

5.6. Occupational Blood Exposure

- 5.6.1. In the event of an occupational blood exposure such as a needlestick injury/percutaneous injury or a mucutaneous exposure, the standard occupational blood exposure management should be followed in line with the [Emergency Management of Injury \(EMI\) Guidelines](#)
- 5.6.2. All the necessary precautions will be taken to minimise the risks associated with handling blood from a known or suspected patient with Coronavirus
- 5.6.3. The HCW will be followed up as a close contact following the incident.

5.7. Collection, updating, and reporting of contact data

- 5.7.1. Data is processed in accordance with the General Data Protection Regulations (GDPR) along with the Data Protection Acts 1988 – 2018. Confidentiality of the contacts data must be ensured with consent obtained for correspondence with services, such as the HCWs GP, outside of the Occupational Health service- see appendix 4 for sample consent.
- 5.7.2. All contacts must be recorded and shared with Public Health
 - Occupational Health Services will complete the OHS Close contact databases.
 - Service managers will complete the OHS Casual Contact Database and will submit this to Occupational Health on a regular basis.
- 5.7.3. The OHS should make contact with local Public Health to plan communication of cases. PHD is responsible for collating all contact data returned from OHS on HCW contacts. Communication of contact details to Public Health does not require consent*. See Appendix 3 for Public Health contact details per region.

5.7.4. The contacts' management log can be used locally for maintaining data but this is not essential

5.7.5. The relevant Specialist in Public Health Medicine and National Clinical Lead in WHWU will be informed of outcome of monitoring/illness on an ongoing basis (as required).

*The Medical Officers of Health (Directors of Public Health and Specialists in Public Health Medicine) have the responsibility under the Infectious Diseases Regulations 1981 as amended to investigate and control notifiable infectious diseases and outbreaks (Regulation 11). In order to do this, others must comply with requests for information necessary to carry out the MOH function (Regulation 19).

6. Management of HCW Close Contacts (Workplace Contact)

6.1. Monitoring

6.1.1. Close contacts of a confirmed case **may not remain at work** and should undergo **active follow-up**. An exception may be made for HCWs who may be required to return to work based on **essential service needs**. See section 6.3 for details

6.1.2. They should be advised about their risk and the symptoms of COVID-19. They can be provided with a copy or link to the HPSC Frequently Asked Questions at the time of risk assessment - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/frequentlyaskedquestions/>

6.1.3. They will be provided with a Close Contact information envelope containing

- 2 surgical face masks
- a Symptom Monitoring Chart (appendix 2),
- a Close Contact Information leaflet (appendix 5)
- Infection Prevention Advice Leaflet (appendix 8)

6.1.4. They should be reminded about adhering to adequate respiratory etiquette and hand hygiene practice throughout the period of active monitoring.

6.1.5. For these contacts who are assigned to active monitoring they will:

- Self-Monitor for symptoms
- Avoid the use of anti-pyretics, (for example paracetamol, ibuprofen) while undertaking monitoring, in case they mask symptoms.
- Report symptoms daily to the OHS or designate using either an SMS text messaging system (if available) or telephone contact or other locally agreed method. Note: if the contact under active monitoring using an SMS messaging system does not respond to the text message then a follow-up phone call is required.
- Immediately notify OHS during normal working hours or GP on call outside of these hours if they develop any symptoms – See section 8

6.1.6. Contact details should be specified on the Information Leaflet.

6.1.7. Contact should be made on a daily basis by Occupational Health to ask about relevant symptoms for 14 days after the last possible contact with a confirmed COVID-19 case.

- The Occupational Health Service undertaking this can make an operational decision as how best to manage this such as use of telephone calls, text messages or emails on a daily basis.

- 6.1.8. Close contacts should be advised to immediately telephone their local Occupational Health Service/GP on call if they become unwell. Symptoms may include fever and/or respiratory symptoms (including coughing and shortness of breath).
- 6.1.9. Contacts that are immuno-compromised or those taking anti-pyretic analgesia may not present with fever and the importance of reporting other symptoms should be stressed to them.
- 6.1.10. Less frequent active follow-up together with passive surveillance may be necessary if there are large numbers of close contacts to monitor
- 6.1.11. With informed consent from the employee, the contact's GP may be sent a standard notification letter - Sample letter is available in appendix 1. Sample consent is available on appendix 4.
- 6.1.12. If they remain asymptomatic throughout the monitoring period they will not require testing and may return to work after 14 days.

6.2. Isolation and restrictions:

- 6.2.1. Close contacts of a confirmed case will be unable to remain at work and should be advised to limit their movements and interactions with others, as far as is practical.
- 6.2.2. In particular, they should be advised to avoid contact with immuno-compromised, elderly, pregnant or other vulnerable individuals.
- 6.2.3. They should also be advised to avoid attendance to any social gatherings, crowded closed settings, healthcare, childcare or school settings during the period of active monitoring. This will include rescheduling any non-urgent medical appointments.
- 6.2.4. Close contacts should be advised to avoid travel outside of Ireland during the period of active monitoring.
- 6.2.5. Close contacts should be advised to contact their local Occupational Health Department in the event of planned travel within Ireland during the period of active monitoring. Occupational Health should engage with Public Health Services to discuss this.
- 6.2.6. Guidance on self-isolation at home is available on the HPSC website <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/>

6.3. Close Contacts Working Due to Essential Service Needs

- 6.3.1. 'Essential' Close Contact HCWs, may be allowed to return to work with twice daily monitoring, during their 14 day monitoring period.
- 6.3.2. Management must identify HCWs they deem 'essential' due to service needs and liaise with Occupational Health for advice on if they are excluded from returning to work during monitoring period
- 6.3.3. HCWs excluded from returning to work during monitoring period:
 - Close contacts, whose contact involved Aerosol Generating Procedures must be excluded from returning to work during their 14 day monitoring period UNLESS the service management can demonstrate there are no alternative in place for essential services. This decision must be made in consultation with the Acute Hospital Lead.
 - Close contacts who have become symptomatic – (See section 8).

- 6.3.4. Considering that the HCW may be working nights etc, their manager must ensure twice daily monitoring is carried out within the workplace. This monitoring must include a temperature check.
- 6.3.5. Daily contact by Occupational Health will continue.
- 6.3.6. These HCWs must bring their close contact packs to work, including face masks and must record their symptoms and temperature on the 'Symptom Monitoring Chart' – see appendix 2.
- 6.3.7. If they become symptomatic or if their temperature is > 37.5°C, the HCW must immediately self isolate if and contact Occupational Health/ OHP on call to arrange testing.
- 6.3.8. If at home out of hours they can contact their GP on Call.
- 6.3.9. If at work out of hours in a hospital setting the ED may be contacted to arrange testing.

7. Management of Casual Contacts

7.1. Monitoring

- 7.1.1. Casual contacts should undergo passive follow-up where they self-monitor for symptoms
- 7.1.2. They should be advised about their risk and the symptoms of COVID-19 and provided with a copy or link to the HPSC Frequently Asked Questions at the time of risk assessment - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/frequentlyaskedquestions/>
- 7.1.3. They will be provided with a Casual Contact pack containing
- a Casual Contacts information leaflet (appendix 6)
 - Infection Prevention Advice Leaflet (appendix 8)
- 7.1.4. They should be advised to self-isolate if they develop any relevant symptom and telephone their local Occupational Health Service/GP on call. See section 8.
- 7.1.5. If they remain asymptomatic throughout the monitoring period they will not require testing and may return to work after 14 days

7.2. Isolation and restrictions:

- 7.2.1. No restriction on movement, interactions with others or work is advised.
- 7.2.2. No restrictions on travel whether national or international are advised.

8. Management of Symptomatic Contacts

8.1. Immediate Actions

- 8.1.1. If the HCW reports a fever, respiratory symptoms or other symptoms consistent with COVID-19 infection within the first 14 days following the last contact, they must contact Occupational Health or, if not available their GP/GP on call.
- 8.1.2. Occupational Health will advise immediate self-isolation, if not already in place
- 8.1.3. OH will perform a risk assessment over the telephone. (See Algorithm – Telephone Risk Assessment and testing pathway for mildly symptomatic HCW Contacts who phone Occupational Health).

8.2. Testing

8.2.1.If the person fits both the epidemiological AND clinical criteria, they will require testing.

- If the HCW's condition is stable, OH will contact the National Ambulance Service to arrange for home testing. OH Specialist (OH Physician (OHP) on call will be listed as the treating clinician and contacted with results.
- If the HCW's condition may be unstable, the OH will contact the National Ambulance Service (NAS) who will organise the patients transfer to hospital for testing and medical management.

8.2.2.Following home testing results will be given to the Occupational Health specialist

- **Covid-19 detected case:** OH informs HCW and arranges transfer to hospital by the NAS. Public Health must be informed in order to initiate contact tracing in the household.
- **Covid-19 not detected case:** Inform HCW and provide advice re symptom management and further treatment with GP if necessary. Inform PH.

8.2.3.Details of testing requested and the outcome must be notified to the local OH service if carried out or if results received by the out of hours OHP.

8.3. Follow-up

8.3.1.If COVID-19 is not detected by PCR, those symptomatic contacts will still need to be monitored for 14 days after their last contact with a confirmed COVID-19 case and may require re-testing. They will return to either active or passive surveillance as determined by the initial risk assessment.

8.3.2.If Not Detected, and the symptoms have resolved by day 12-14 the HCW can return to work as planned once asymptomatic for at least 24 hours

8.3.3.If the HCW remains symptomatic by day 14, they will continue to be excluded from work and must contact their GP to manage their care, including for certification.

8.3.4.When the HCW is asymptomatic for 24 hour certified by GP /self certified they may return to work

8.3.5.Public Health must be informed of the outcome of all testing.

9. Health care workers returning from areas with presumed ongoing transmission of COVID-19

9.1. Risk categories

9.1.1.These HCWs will be assessed by Public Health and assigned to a risk category based on this assessment. See <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/> - HPSC Contact Tracing Guidance.

9.1.2.HCWs may be

- excluded from work and will undergo monitoring (passive or active) by Public Health

- Allowed to return to work and will undergo active monitoring by Occupational Health

9.2. Communication

- 9.2.1. Public Health will inform Occupational Health of risk categories assigned to these Healthcare Workers and the requirement of active monitoring by OH as necessary.
- 9.2.2. Public Health will inform Occupational Health of the outcome and close-out of monitoring by PH.
- 9.2.3. Occupational Health will inform Public Health of the outcome and close-out of monitoring by OH. See section 5.8.

9.3. Monitoring by Occupational Health

- 9.3.1. Contacts who are able to return to work, while undergoing active monitoring by Occupational Health should be advised about their risk and the symptoms of COVID-19. They can be provided with a copy or link to the HPSC Frequently Asked Questions at the time of risk assessment - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/frequentlyaskedquestions/>
- 9.3.2. They will be provided with a Contact information envelope containing
- 2 surgical face masks to be brought to work and used if become symptomatic
 - a Symptom Monitoring Chart (appendix 2),
 - a Returning HCW Contact Information leaflet (appendix 7)
 - Infection Prevention Advice Leaflet (appendix 8)
- 9.3.3. They should be reminded about adhering to adequate respiratory etiquette and hand hygiene practice throughout the period of active monitoring.
- 9.3.4. For these contacts who are assigned to active monitoring they will:
- Self-Monitor for symptoms
 - Avoid the use of anti-pyretics, (for example paracetamol, ibuprofen) while undertaking monitoring in case they mask symptoms.
 - Report symptoms daily to the OHS or designate using either an SMS text messaging system (if available) or telephone contact or other locally agreed method. Note: if the contact under active monitoring using an SMS messaging system does not respond to the text message then a follow-up phone call is required.
 - Self Isolate immediately and notify OHS during normal working hours or local Emergency Department outside of these hours if they develop any symptoms. These contacts should consider where they may self-isolate if at work or home in preparation for this possibility.
- 9.3.5. Contact details should be specified on the Information Leaflet (Appendix 7).
- 9.3.6. Contact should be made on a daily basis by Occupational Health to ask about relevant symptoms for 14 days after the last possible contact with a confirmed COVID-19 case.
- The Occupational Health Service undertaking this can make an operational decision as how best to manage this such as use of telephone calls, text messages or emails on a daily basis.

- 9.3.7. These contacts should be advised to immediately telephone their local Occupational Health Service/Emergency Department if they become unwell. Symptoms may include fever and/or respiratory symptoms (including coughing and shortness of breath).
- 9.3.8. Contacts that are immuno-compromised or those taking anti-pyretic analgesia may not present with fever and the importance of reporting other symptoms should be stressed to them.
- 9.3.9. Less frequent active follow-up together with passive surveillance may be necessary if there are large numbers of close contacts to monitor
- 9.3.10. With written informed consent from the employee, the contact's GP should be sent a standard notification letter - Sample letter is available in appendix 1. Sample consent is available on appendix 4.

9.4. Isolation and restrictions:

- 9.4.1. No restriction on movement, interactions with others or work is advised.
- 9.4.2. No restrictions on travel whether national or international are advised.
- 9.4.3. Guidance on self-isolation at home is available on the HPSC website <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/>

10. References:

Health Protection Surveillance Centre. (2020). *Novel Coronavirus (COVID-19)*. Available: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>. Last accessed 11th Mar 2020.

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Health Protection Surveillance Centre. (2018). *Checklists of Recommended Preparatory Work for Public Health Departments, Occupational Health Departments and Infection Prevention Control Teams*. Available: <https://www.hpsc.ie/a-z/vectorborne/viralhaemorrhagicfever/guidance/vhfguidanceappendices/vhfoutbreakcontrolteamtools/Checklist%20for%20PH,%20OH%20IPC%20teams%20vFinal%20Web.pdf>. Last accessed 6th Feb 2020.

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European Centre for Disease Prevention and Control. (2020). *Coronavirus*. Available: <https://www.ecdc.europa.eu/en/coronavirus>. Last accessed 7th Mar 2020.

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Centres for Disease Control and Prevention. (2020). *Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)* Available: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> . Last accessed 12th Mar 2020.

11. Appendix 1 - Template letter to GPs re contacts assigned to active monitoring

Occupational Health Details

Tel:

Date:

Patient Name:

Date of Birth:

Address:

Dear Dr. _____

The above named has been in recent contact with a patient with laboratory confirmed Novel Coronavirus (COVID-19). As a disease control measure, they are undergoing active surveillance by staff at the Occupational Health Service _____. This service will contact them daily to screen for the next xx days for symptoms of COVID-19. They have been advised to self isolate and contact the Occupational Health Service/Emergency Department immediately if they become unwell.

Please do not hesitate to contact us if you have any queries. Up-to-date information on COVID-19 is available at www.hpsc.ie.

Yours sincerely

Specialist in Occupational Health Medicine
MCRN

12. Appendix 2 – Close Contact Symptom Monitoring Chart

Name: _____ Date of Birth: _____

Date of incident/last exposure: _____

Day	Date	Time	Temp	Symptoms noted
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Symptoms of COVID-19 infection can include any of the following:

- Fever
- Cough
- Shortness of breath
- Difficulty breathing

If at any time you develop symptoms, refer to the **Novel Corona Virus Close Contact information Leaflet** enclosed.

13. Appendix 3 – Template for recording Important Contact Details

Contact		Landline	Mobile
Occupational Health Service			
Occupational Health Specialist on call	8am – 8pm Saturday and Sunday		0876197040
Local designated receiving hospital 1 • Emergency Department •			
Local designated receiving hospital 2 • Emergency Department •			

Public Health On Call Numbers – available 8am – 8pm daily			
HSE E	– 01 6352145	HSE NW	– 071 9852900
HSE M	– 057 9359891	HSE SE	– 056 7784142
HSE MW	– 061 483337	HSE S	– 021 4927601
HSE NE	– 046 9076412	HSE W	– 091 775200

14. Appendix 4 – Consent Form- Sharing of Healthcare Worker Information

Name: _____	Address: _____
Date of birth: _____	_____
Mobile: _____	_____

I agree to the sharing of information with the following:

Public Health Yes No

ADD DETAILS OF DATA (Eg. Name, Employee No etc) TO BE SHARED

My General Practitioner – Name : _____ Yes No

Address: _____

Name, address and date of birth will be used as identifying information for correspondence.

Clinical information to be shared:

1. The outcome of the risk assessment identifying the level of risk of exposure to Coronavirus Yes No
2. The outcome of contact tracing Yes No

I understand I can request a copy of my records in line with HSE Data Protection guidance 'HSE Data Protection and Freedom of Information Legislation- Guidance for Health Service Staff'.

(Please note requests must be in writing) Yes No

Verbal Consent Obtained: Yes No

By (Print): _____

Signature: _____ Date: _____

15. Appendix 5 - Healthcare Worker COVID-19 Close Contact Information Leaflet

PLEASE NOTE: Because the Novel Coronavirus (COVID-19) is a new virus in the human population, new information is becoming available as doctors and scientists study the virus and how it affects people. While the information contained in this pack was accurate at the time it was printed, we advise you to check the Health Protection Surveillance Centre (HPSC) website at www.hpsc.ie for the most up-to-date information. The HPSC website is updated frequently as new information about the COVID-19 becomes available.

You have been identified as a close contact of a case of Novel Coronavirus (COVID-19). As a result, you require active close contact monitoring for 14 days after your last unprotected exposure to a case of COVID-19 under the supervision of the Occupational Health Service (OHS). The aim of active close contact monitoring is to identify close contacts who develop symptoms consistent with Novel Corona Virus at the earliest opportunity, to help prevent the further spread of the virus to family, friends and colleagues and to fast track symptomatic close contacts to the appropriate medical facility for further assessment, appropriate isolation and treatment if necessary.

What is my risk?

Coronaviruses can be transmitted from person to person, usually after close contact with an infected patient, for example in a household, workplace or health care setting. Because it is likely that you have had close contact with someone who has COVID-19, there is a risk that you might have picked up the virus and could become unwell or pass the virus on to other people.

During the time that you are being monitored (i.e. for 14 days after your last unprotected exposure to a case of 2019-nCoV):

- You must **not** remain work.
- As you are a close contact you are advised to limit your movements and interactions with others, as far as is practical. In particular, you should be advised to avoid contact with immuno-compromised, elderly, pregnant or other vulnerable individuals. You are advised to avoid attendance at any social gatherings, crowded closed settings, healthcare, childcare or school settings during the period of active monitoring. This will include rescheduling any non-urgent medical appointments.
- You are advised to avoid travel outside of Ireland during the period of active monitoring. You should discuss travel within Ireland with the Occupational Health Service, preferably two days before travel, and advise the OHD of your location and contact details. Occupational Health will engage with Public Health Services to discuss this.
- You should be contactable by phone at all times.
- You should always engage in regular hand washing and cover your mouth and nose with a tissue or the bend of your elbow when coughing and sneezing to prevent the spread of infection. See advice enclosed “**Recommendations to prevent the spread of infection**”.

- Avoid the use of anti-pyretics, (for example paracetamol, ibuprofen) while undertaking monitoring in case they mask symptoms
- As a contact you should not donate blood for at least 28 days after your last contact with a Coronavirus case

What happens next?

1. For 14 days after your last unprotected exposure to a case of 2019-nCoV, please monitor yourself for the following symptoms (**Fever, Cough, Shortness of Breath, Difficulty Breathing**) and record them each day on the sheet enclosed.
2. Each day you will receive a call from the OHS asking if you have developed any of the aforementioned symptoms. It is important that you answer this call and if missed return the call as soon as possible.

If you develop a fever, a cough, shortness of breath or difficulty breathing:

Immediately put on one of the surgical masks provided in this pack and **isolate yourself** from others (for example stay in a different room from the rest of your family with the door closed).

- a. Once you are isolated from others you may remove the surgical mask. If you need to come in contact with other people for any reason **please put on a surgical mask before contact**.
- b. **Do not attend** your GP, including their out-of-hours/on-call service.
- c. **Do not attend** your local Emergency Department unless told to do so Occupational Health, Public Health or the ED Consultant.
- d. You should phone the **Occupational Health Service during the hours set out below** at the number below and identify yourself as a **symptomatic close contact** of the Novel Corona Virus. Outside of these hours you should phone your local GP service. (**please check local GP out of hours contact details and add below**).

Contact Details

Occupational Health Service: Hours _____ (Monday – Friday): Phone _____

Occupational Health out of hours service: 8am – 8pm (Saturday/Sunday): 087 6197040

GP Out of Hours: _____

Employee Assistance and Counseling Service (24-hour Freephone) 1800409388

Further information including frequently asked questions is available at www.hpse.ie at the following link: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/frequentlyaskedquestions/>. Specific Information regarding self-isolation at home is available on the HPSC website - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/>

16. Appendix 6 - Healthcare Worker COVID-19 Casual Contact Information Leaflet

PLEASE NOTE: Because the Novel Coronavirus (COVID-19) is a new virus in the human population, new information is becoming available as doctors and scientists study the virus and how it affects people. While the information contained in this pack was accurate at the time it was printed, we advise you to check the Health Protection Surveillance Centre (HPSC) website at www.hpsc.ie for the most up-to-date information. The HPSC website is updated frequently as new information about the COVID-19 becomes available.

Please read this letter and the enclosed information leaflets carefully.

You have been identified by your line manager as a casual contact of a case of Novel Coronavirus (COVID-19). As a result, you require passive casual contact monitoring for 14 days after your last potential exposure to a case of COVID-19 under the supervision of the Occupational Health Service (OHS). The aim of active contact monitoring is to identify contacts who develop symptoms consistent with Novel Corona Virus at the earliest opportunity, to help prevent the further spread of the virus to family, friends and colleagues and to fast track symptomatic casual contacts to the appropriate medical facility for further assessment, appropriate isolation and treatment if necessary.

What is Novel Corona Virus (COVID-19)?

Coronaviruses are a large family of viruses that circulate among animals, with some causing illness in humans from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). In December 2019, a novel coronavirus (COVID-19) was first isolated from three patients with pneumonia, connected to the cluster of acute respiratory illness cases from Wuhan, China.

How is Novel Corona Virus (COVID-19) transmitted?

Coronaviruses can be transmitted from person to person, usually after close contact with an infected patient, for example in a household, workplace or healthcare setting. Coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. Personal protective equipment (PPE) and good infection prevention and control precautions are effective at minimising risk but can never eliminate it.

What is my risk?

We are still learning about how easily the virus spreads between people so, as a precautionary measure, we are advising Healthcare Workers with **protected exposure** to an infected patient to monitor for symptoms.

Protected Exposure = Recommended infection control precautions followed, including the use of appropriate Personal Protective Equipment during the infectious period.

Prevention of transmission of Coronavirus:

All staff should attend the Infection Prevention and Control Team training sessions which provide information on:

- Education, instruction and training in relation to the nature of the Coronavirus
- Information on the mode of transmission.
- Information on steps that staff are required to take to protect themselves.
- Appropriate work practices including standard, contact and airborne precautions.
- The use of personal protection equipment (PPE) appropriate for the risk and the tasks. After receiving training, staff should be able to demonstrate competency in performing all Coronavirus-related infection control practices and procedures, specifically in donning and doffing proper PPE.

Novel Corona Virus Contacts and Follow up.

There are two types of follow up of HCWs with potential workplace contact:

- Close Contact which requires active follow-up
- Casual Contact which require passive follow-up.

Please refer to the Risk Assessment of Health Care Workers with Potential Exposure to COVID-19.

Casual Contact Passive Monitoring:

As you have been identified as a casual contact, self-monitoring is required for the 14 days after your last potential exposure to a case of COVID-19.

You should self-monitor for **fever, cough, shortness of breath or difficulty breathing on a daily basis.**

If asymptomatic,

- You do not need to limit your social interactions.
- No restriction on movement, interactions with others or work is advised.
- No restrictions on travel whether national or international are advised.
- You should continue to attend work.
- You should remain contactable by phone at all times.
- You should always engage in regular hand washing and cover your mouth and nose with a tissue or the bend of your elbow when coughing and sneezing to prevent the spread of infection. See advice sheet enclosed “**Infection Prevention Advice for Healthcare Workers**”.
- Avoid the use of anti-pyretics, (for example paracetamol, ibuprofen) while undertaking monitoring in case they mask symptoms
- As a contact you should not donate blood for at least 28 days after your last contact with a Coronavirus case

Symptomatic Casual Contact:

If you develop a **fever, a cough, shortness of breath or difficulty breathing**, you should do the following:

- Immediately **isolate** yourself from others (for example stay in a different room from the rest of your family with the door closed or if in work, go to an office).
- You **should not attend your** GP, including the out-of-hours/on-call service.
- You **should not attend** the local Emergency Department unless told to do so by the Occupational Health Service, Public Health or the ED Consultant.
- You should phone the **Occupational Health Service during the hours set out below** and identify yourself as a **symptomatic casual contact** of the Novel Corona Virus. Outside of these hours you should phone your local GP service. (**please check local GP out of hours contact details and add below**). If in the workplace, please inform your manager and they will assist in making contact with the Occupational Health service or if in a hospital setting, the Emergency Department to arrange testing.
-

Contact Details:

- Occupational Health Service: Hours _____ (Monday – Friday): Phone _____
- Occupational Health out of hours service: 8am – 8pm (Saturday/Sunday): **087 6197040**
- GP Out of Hours: _____
- Employee Assistance and Counseling Service (24-hour Free phone): **1800409388**

Further information including frequently asked questions is available at www.hpse.ie at the following link:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/frequentlyaskedquestions/>

17. Appendix 7 - Returning HCW Contact Information leaflet

- For HCWs returning from areas with presumed ongoing transmission of COVID-19, requiring active monitoring in work.

PLEASE NOTE: Because the Novel Coronavirus (COVID-19) is a new virus in the human population, new information is becoming available as doctors and scientists study the virus and how it affects people. While the information contained in this pack was accurate at the time it was printed, we advise you to check the Health Protection Surveillance Centre (HPSC) website at www.hpsc.ie for the most up-to-date information. The HPSC website is updated frequently as new information about the COVID-19 becomes available.

Please read this letter and the enclosed information leaflets carefully.

You have been identified by Public Health as a **Novel Corona Virus (COVID-19)** contact, as you have travelled to an area of ongoing transmission, however you have been assigned to a risk category that allows you to return to work while undergoing active monitoring by the Occupational Health Service (OHS). You will be monitored for 14 days after your return date. The aim of active contact monitoring is to identify contacts who develop symptoms consistent with Novel Corona Virus at the earliest opportunity, to help prevent the further spread of the virus to family, friends, patients and colleagues and to fast track symptomatic casual contacts to the appropriate medical facility for further assessment, appropriate isolation and treatment if necessary.

What is COVID-19?

Coronaviruses are a large family of viruses that circulate among animals, with some causing illness in humans from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). In December 2019, a novel coronavirus (COVID-19) was first isolated from three patients with pneumonia, connected to the cluster of acute respiratory illness cases from Wuhan, China.

How is COVID-19 transmitted?

Coronaviruses can be transmitted from person to person, usually after close contact with an infected patient, for example in a household, workplace or healthcare setting. Coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. Personal protective equipment (PPE) and good infection prevention and control precautions are effective at minimising risk but can never eliminate it.

What is my risk?

We are still learning about how easily the virus spreads between people so, as a precautionary measure, we are advising Healthcare Workers with **potential exposure** in an area of ongoing transmission to monitor for symptoms.

During the time that you are being monitored (i.e. for 14 days after your return from the affected region):

- **You may continue to work**

If asymptomatic,

- You do not need to limit your social interactions.
- No restriction on movement, interactions with others or work is advised.
- No restrictions on travel whether national or international are advised.
- You should continue to attend work.
- You should remain contactable by phone at all times.
- You should always engage in regular hand washing and cover your mouth and nose with a tissue or the bend of your elbow when coughing and sneezing to prevent the spread of infection. See advice sheet enclosed **“Infection Prevention Advice for Healthcare Workers”**.
- Avoid the use of anti-pyretics, (for example paracetamol, ibuprofen) while undertaking monitoring in case they mask symptoms
- As a contact you should not donate blood for at least 28 days after your last contact with a Coronavirus case

What happens next?

1. For 14 days after your return from the affected region, please monitor yourself for the following symptoms (Fever, Cough, Shortness of Breath, Difficulty Breathing) and record them each day on the sheet enclosed.
2. Each day you will receive a call/text from the OHS asking if you have developed any of the aforementioned symptoms. It is important that you respond to this call/text and if you miss a call, return it as soon as possible.

If you develop a fever, a cough, shortness of breath or difficulty breathing:

Immediately put on one of the surgical masks provided in this pack and isolate yourself from others (for example stay in a different room from the rest of your family with the door closed or if in work go to an empty office).

- Once you are isolated from others you may remove the surgical mask. If you need to come in contact with other people for any reason please put on a surgical mask before contact.
- Do not attend your GP, including their out-of-hours/on-call service.
- Do not attend your local Emergency Department unless told to do so by Occupational Health, Public Health or the ED Consultant.
- You should phone the Occupational Health Service during the office hours set out below at the number below and identify yourself as a symptomatic returning healthcare worker contact of the Novel Corona Virus. Outside of these hours you should phone your local GP service (**please check local GP out of hours contact details and add below**). If in work

please inform your manager and they will assist in making contact with the Occupational Health Service or if in a hospital setting, the Emergency Department to arrange testing.

Contact Details:

- Occupational Health Service: Hours _____ (Monday – Friday): Phone _____
- Occupational Health Service: 8am – 8pm (Saturday/Sunday): **087 6197040**
- GP Out of Hours: _____
- Employee Assistance and Counseling Service (24-hour Free phone): **1800409388**

Further information including frequently asked questions is available at www.hpse.ie at the following link:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/frequentlyaskedquestions/>

18. Appendix 8: Infection Prevention Advice Leaflet for Healthcare Worker

Recommendations to prevent the spread of infection

- Try to avoid touching your mouth and nose
- Regular **hand washing (Figure 1)**. You should wash your hands:
 - ✓ after coughing or sneezing
 - ✓ before and after you prepare food
 - ✓ before eating
 - ✓ after using the toilet
 - ✓ when caring for the sick
 - ✓ when hands are visibly dirty
 - ✓ after handling animals or animal waste
- Use soap and running water to wash your hands (Figure 1)
- **Respiratory hygiene (Figure 2)**: Cover your mouth and nose with a clean tissue when coughing and/or sneezing and then promptly dispose of the tissue in a bin. If you do not have a clean tissue, cough or sneeze into the bend of your elbow instead. Wash your hands immediately after sneezing, coughing or blowing your nose.
- Avoid close contact with anyone showing signs of respiratory illness such as coughing or sneezing.
- **Cleaning and disinfection of the environment:**
Clean surfaces, especially the most frequently touched surfaces, with any cleaning product, then disinfect with a disinfectant.
- **Waste disposal:** Dispose of household waste as you normally would. Used tissues can be disposed of in your normal household bin.

Figure 1: How to Handwash

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 **Duration of the entire procedure: 40-60 seconds**



0 Wet hands with water;



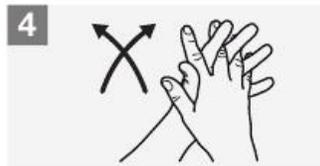
1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



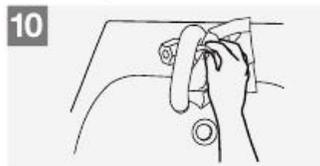
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



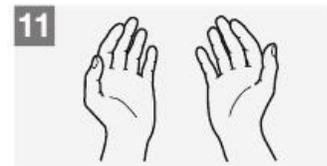
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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May 2009

Figure 2: Respiratory Hygiene

COVER UP

COUGHING AND SNEEZING

- 
 - Turn your head away from others
 - Use a tissue to cover your nose and mouth
- 
 - Drop your tissue into a waste bin
- 
 - No tissues? Use your sleeve
- 
 - Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds



These steps will help prevent the spread of colds, flu and other respiratory infections

19. Appendix 9 - Checklist of recommended preparatory work for Occupational Health Departments

Contact details for relevant service managers (including National Ambulance Service managers) available to initiate contact tracing process following notification of case -	
Referral pathway for symptomatic contacts who are being referred for medical assessment to local designated receiving hospitals has been agreed and is known by all those involved in monitoring contacts	<input type="checkbox"/>
Process for testing of symptomatic contacts has been agreed and is known by all those involved in monitoring contacts	<input type="checkbox"/>
Contact Packs have been prepared and methods for providing them to contacts within normal working hours and OOH have been agreed	<input type="checkbox"/>
Daily contact arrangement for 'Close Contacts' who are being monitored are in place.	<input type="checkbox"/>
Contact database for casual and close contacts available	<input type="checkbox"/>
OHS to link with PHD to agree systems for transferring contact monitoring data and notifying PHD when an OHS contact becomes unwell and is being referred for medical assessment	<input type="checkbox"/>
Contact letter for distribution to GPs of Close Contacts under surveillance available	<input type="checkbox"/>
	<input type="checkbox"/>
Contact details for local Counselling/Employee Assistance Service available and included on the contacts information	<input type="checkbox"/>

20. Appendix 10 – Document Control Sheet

Document: GD:06 – Guidance for Coronavirus – HCW Management by Occupational Health	
Section	Changes Made
3.1.5 and 4.2.2	Update re redeploying pregnant and immunocompromised workers
6.1.1 and 6.3	New section re Close Contacts returning to work due to Essential Service Needs
6.1.12, 7.1.4	Information on the return to work of contacts that remain asymptomatic throughout the monitoring period
8.2	Change to testing process for symptomatic contacts
8.3.2 – 8.3.5	Information on return to work following test for Covid-19 not detected
Appendix 2	Removal of information already in Information Leaflets
6.1.5, 9.3.4 and leaflets	Clarified to avoid the use of anti-pyretics, (for example paracetamol, ibuprofen) is while undertaking monitoring in case they mask symptoms.