



Derogation for the return to work of Healthcare Workers (HCW) who have been advised to restrict their movements BUT are identified as essential for critical services – Version 4.1 - 10th Apr 2020

Introduction

This document refers to HCWs who are restricting their movements due to Close Contact with a COVID-19 case, due to international travel after 6pm on the 16th Mar 2020 and other HCWs who are required to self isolate or restrict movements but who are deemed lower risk.

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

Process for Derogation

- 1. The Healthcare Workers (HCWs) who may receive a derogation to return to work on monitoring are outlined in Appendix 1.
- 2. Managers should ensure the following process as per checklist Appendix 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.
- 4. This process should include an assessment of available personnel to meet the evolving needs where patients discharges have been optimised, OPD services have been significantly reduced and where all possible services have been moved to alternative locations. This will allow for a pool of HCWs to be freed up, due to the reduction in scheduled services and accelerated patient discharges and who can be redeployed within the service.
- 5. All efforts have been made to recruit alternative HCWs with the necessary skills.
- 6. 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 management may be given to HCW from the identified critical services to return to the workplace and Occupational Health will be notified.
- 7. For 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.
- 8. For close contact HCWs the 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 3 –Risk Assessment with possible control measures.
- 9. 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.
- 10. Occupational Health must be informed of HCWs requiring Active Monitoring only. Daily active monitoring will also be carried out by Occupational Health for these HCWs, usually via daily text message system.
- 11. Other HCWs who may be considered for a derogation from management (see appendix 1):
 - A HCW, with a household contact who is symptomatic and self-isolating, awaiting testing/results.
 - A HCW, with a household contact who is symptomatic, but does not fit the criteria of a suspect case, and will not therefore be tested.
 - A HCW who had symptoms, but did not fit the criteria of a suspect case, was not tested and is now at least 48 hours symptom free.
- 12. These HCWs can return to work on passive self-monitoring for symptoms. The manager must advise them of this requirement prior to their return. There is no requirement to inform Occupational Health.
- 13. All HCWs will be under strict instructions from their manager to self isolate and follow OH guidance for testing should they become symptomatic.

Useful links:

Risk Assessment of Healthcare Workers with Potential Workplace Exposure to Covid-19 Case https://www.hpsc.ie/a-

z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/

Information on restricting movements see

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/traveladvice/

Information on Aerosol Generating Procedures

https://www.hpsc.ie/a-

z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/

Telephone Assessment, Testing Pathway and Return to Work of Symptomatic Healthcare Workers Version

https://www.hpsc.ie/a-

z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/

European Centre for Disease Prevention and Control. (2020). ECDC - Rapid Risk Assessment. Available: https://www.ecdc.europa.eu/sites/default/files/documents/RRA-sixth-update-Outbreak-of-novel-coronavirus-disease-2019-COVID-19.pdf. Last accessed 09th Apr 2020.

Appendix 1 – Healthcare Workers Considered for Derogation

Type	Status	Advice for HCW	Derogation from Management as 'Essential' HCW	Monitoring required in the workplace following derogation*	
1.	Symptomatic HCWS with a Positive COVID 19 Test Result.	Must self-isolate 14 days from the onset of their symptoms.	Not an option.	Not applicable.	
		 May RTW 14 days after the onset of symptoms AND Must be without fever for 5 days before RTW AND Must be medically well before RTW. 			
2.	Symptomatic HCWS with a Negative COVID 19 Test Result who: • Are not returning from overseas • Do not have symptomatic household contacts • Are not close contacts of a confirmed case (household 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.	Must self-isolate 14 days from the onset of their symptoms. Without derogation as Essential HCW, may RTW 14 days after the onset of symptoms AND Must be without fever for 5 days before RTW AND Must be medically well	With derogation as Essential HCW from management, the HCW may RTW once asymptomatic for > 48 hours	Passive self-monitoring for symptoms. The HCW will self- isolate immediately if symptoms develop.	
4.	 HCWs who are Close Contacts of a Confirmed COVID 19 Case (healthcare or household) Returning from Overseas 	Must Restrict Movement for 14 days	With derogation as an Essential HCW from management, the HCW may RTW once asymptomatic	Active monitoring twice daily by manager and daily by Occupational Health	
5.	HCWs who have symptomatic household contacts who Are awaiting testing/results Don't fit criteria for testing Are not a confirmed COVID 19 case	Must Restrict Movement for 14 days	With derogation as an Essential HCW from management, the HCW may RTW once asymptomatic	Passive self-monitoring for symptoms. The HCW will self-isolate immediately if symptoms develop.	

Appendix 2 - Derogation Checklist for Line Manager

Service:	Unit:								
Manager Name: Job Title:									
Manager Email:									
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Employee Name: Job Title:									
Date of Birth: Employee No: Mobile No:									
Date Commence Restricted Movement/Isolation:									
Reason for Restricted Movement/Isolation (Type 3 – 5):									
Date last Contact: Employee Email:									
Risk Assessment for the Derogation of a Healtho Restricted Movement/Isolation to Return									
Are there other available HCWs from non-essential services who may be redeployed for this role:									
Can efforts be made to reduce capacity in non-essential s redeployment of another HCW to this role:	services, allowing Yes □ No □								
Have efforts have been made to recruit alternative HCWs skills	s with the necessary Yes \square No \square								
Is this HCW role critical to ensure essential services conti	inue Yes □ No □								
Is this HCW a Healthcare related Close Contact:	Yes □ No □								
Was their contact during Aerosol Generating Proc	cedures: Yes □ No □								
2. Did they have contact with multiple index cases:	Yes □ No □								
Yes to either 1 or 2 indicates an increased risk. Carry out further risk assessment for control measures to manage this risk.									
Can you manage twice daily active monitoring if required	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 No									
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 their movements BUT are identified as essential for critical services'.									
Manager Signature:	Date:								
Period for Derogation:	to								

Appendix 3 – 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 REQ	UIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE			
Confirmed close contact to patient /HCW with probable/confirmed COVID-19				Line manager/designate Healthcare Worker					
Contact with multiple cases or multiple Social distancing		Employee redeployed to reduce possible contact with patients or colleagues							
Contact involved AGP			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							
INITIAL RISK			Risk Status						
Likelihood In	npact	Initial Risk Rating	Open		Monitor	Closed			
Per ECDC Guidelines		HIGH							