



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

V2.1, 22.03.2020

(Reviewed and approved by the COVID-19 Expert Advisory Group, 19.03.2020)

This document refers to HCWs who are restricting their movements due to Close Contact with a COVID-19 case, or due to international travel after 6pm on the 16th Mar 2020.

Symptoms	Essential worker	Management
Y	N	<p>Exclude from work, self isolate and test.</p> <p>If the virus is not detected, remain off work and continue to restrict your movements until 14 days following last unprotected exposure/return from travel AND 48 hours after symptoms resolve</p> <p>If virus detected:</p> <p>HCWs with mild disease, who are managed at home, can return to work 14 days after symptom onset (or date of diagnosis if no symptoms) AND 5 days with no fever.</p> <p>HCWs with more severe disease, who are hospitalized, can return to work 14 days after symptom onset, with 5 days of no fever, AND 2 tests taken 24 hours apart that do not detect COVID-19, if they are medically well enough to work.</p>
Y	Y	<p>Exclude from work, self-isolate and test.</p> <p>If virus not detected, remain off work until 14 days following last unprotected exposure/return from travel and 48 hours after symptoms resolve. 48 hours after symptoms resolve the HCW may receive derogation to work if there are significant pressures on the system -see appendix 1 for detail of how derogation and monitoring is managed</p> <p>If virus detected:</p> <p>HCWs with mild disease, who are managed at home, can return to work 14 days after symptom onset (or date of diagnosis if no symptoms) AND 5 days with no fever.</p> <p>HCWs with more severe disease who are hospitalized, can return to work 14 days after symptom onset, with 5 days of no fever, AND 2 tests taken 24 hours apart that do not detect COVID-19, if they are medically well enough to work</p>
N	N	Exclude from work and restrict your movements for 14 days post last unprotected exposure/return from travel
N	Y	<p>Exclude from work and restrict your movements for 14 days post last unprotected exposure return from travel</p> <p>May receive derogation to work if there are significant pressures on the system - see appendix 1 for detail of how derogation and monitoring is managed.</p>

Appendix 1 - Derogation for Essential Workers

Many areas are experiencing a shortage of HCWs as a result of COVID-19 and the requirement for close contacts and returning HCW to self isolate. 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 on-going staff safety.

1. A detailed local risk assessment is to be undertaken in relation to the risk to patient safety due to absences of essential HCWs.
2. This process should include an assessment of available personnel to meet the evolving needs where patients are being discharged, OPD services have been reduced and where possible services have been moved to alternative locations. This will allow for a pool of HCWs freed up due to the reduction in scheduled services and accelerated patient discharges, who are available to be redeployed within the service.
3. Efforts should be made in consultation with senior clinicians and management to maximise the discharge of patients thereby increasing, in so far as is possible, the availability of personnel for redeployment across the organisation.
4. If, despite redeployment efforts, 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.
5. 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. Occupational Health can advise of close contact AGP exposure.
6. In the event such a requirement is made, the HCW will be actively monitored twice daily by their line manager (to include temperature check), once prior to starting their shift and at one point during their shift. In addition daily active monitoring will be continued by Occupational Health. These HCWs will be under strict instructions 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

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