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|  | <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.

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.

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

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.

Infection prevention and Control and Personal Protective Equipment guidance should be followed in order to prevent transmission of Coronavirus in healthcare settings available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

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 or probable case of COVID-19, collate casual contacts and refer any possible close contacts 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.

To provide information to pregnant HCW, vulnerable HCWs and other HCWs with pre-existing illnesses about the risks from COVID-19 as per the national guidance - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/Pregnant%20HCWs,%20Vulnerable%20HCWs&%20Other%20HCWs%20with%20Pre-existing%20Disease%20V3%2030%2003%2020.pdf>

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 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.
- 3.2.3. 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 engage with local teams in preparation and management of cases.
- 3.3.2. To ensure close contact packs are available and updated as required. To agree with local management on the location and access of these packs
- 3.3.3. Where management are unclear as to the contact category, assessment and assignment of affected HCW to casual or close contact category
- 3.3.4. To ensure identification of all relevant HCWs, including Ambulance services HCWs involved in the case. (The Ambulance Service Occupational Health services must be notified of any case that may affect their HCWs, if different to local hospital service)
- 3.3.5. Follow-up surveillance of 'Close Contacts' and relevant HCWs returning from international travel.
- 3.3.6. To arrange testing for symptomatic testing contacts as per 'Telephone Assessment, Testing Pathway and Return to Work of Symptomatic Healthcare Workers'.
- 3.3.7. To ensure implementation of this guidance as required
- 3.3.8. To provide timely and regular updates on management of Coronavirus events 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 become unwell at work and to inform their manager and Occupational Health so that appropriate assessment +/-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.HCWs for whom it has not been possible to identify and provide appropriately fitting PPE cannot be rostered to work with Coronavirus patients.

4.2.3.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.

4.2.4.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.

The 'Pregnant Healthcare Workers (HCWs), Vulnerable HCWs and HCW with Other Pre-Existing Disease' Guidance Version 3, 30/03/2020 states:

'Vulnerable health care workers as described in this document **should not be at work.**

Pregnant HCWs and HCW with other pre-existing disease, who adhere to recommended Infection Prevention and Control precautions are unlikely to be at greater risk of acquiring COVID-19 WHWU 30th Mar 2020 Page 4 of 4 virus infection compared with other HCW's and do not need to be excluded from providing care to such patients.

Where possible and consistent with expressed preference of the healthcare worker it is pragmatic to allocate these healthcare workers to the care of other patients if feasible, based on staffing availability.'

Last checked 31st Mar 2020

Please note: the HCW needs to discuss this directly with their manager.

5. Management of HCW Contacts Exposure in the Workplace

5.1. Contact Tracing purpose and responsibility

Infectious Period for Contact Tracing

For the purposes of this guidance, given the current knowledge about COVID-19 transmission, the infectious period for contact tracing purposes is defined as from 48 hours before symptom onset in the case, until the case is classified as no longer infectious by the treating team (usually 5 days fever free AND 14 days from symptom onset but may be longer in severely ill cases who are hospitalized).

- 5.1.1. The purpose of contact tracing is to identify and 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 immediately, once a probable case is assessed and referred for testing (symptomatic HCW or patient).
- 5.1.3. Contact tracing of a case in Ireland managed in the following way
- 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.
- 5.1.4. All persons identified as having had contact with a probable or confirmed case in the 48 hours previous to the case becoming symptomatic, should be classified as a close or casual contact.
- 5.1.5. In certain circumstances, where possible cases fall outside case definitions, a clinical decision may be required.

5.2. Close and Casual Contact Definitions

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/apron, eye or respiratory protection) for more than 15 minutes face-to-face (< 1 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* is undertaken on the case.

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

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

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 1 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* 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 1 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.

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

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 after 6pm on the 16th of March will be asked to restrict movement for 14 days and will be passively monitored by OH.

5.3. Active and Passive follow-up definitions:

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

The HCW:

- **Must not** remain at work
- **Must restrict movement**
- 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/GP if they develop relevant symptoms

Passive follow-up - required for Casual Contacts (see section 7) and Returning HCWs (see section 8):

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

5.4. Preparation to manage contacts

5.4.1. Consider how close contact packs can be provided as necessary

5.4.2.

5.4.3. 'Casual Contacts' information sheets should be prepared with service contact details in preparation to be sent out to managers for distribution to HCWs providing care to a case. See section 7 for details.

5.4.4. Ensure important contact information is available. See Appendix 3 – Template for recording Important Contact Details can be used.

5.5. Exposure risk assessment

- 5.5.1. Contact needs to have occurred during the infectious period.
- 5.5.2. For the purposes of this guidance, given the current knowledge about COVID-19 transmission, the infectious period is defined as 48 hours before symptom onset in the case, until the case is classified as no longer infectious by the treating team (usually 5 days fever free AND 14 days from symptom onset but may be longer in severely ill cases who are hospitalised).
- 5.5.3. 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'.
- 5.5.4. Where a possible close contact incident has occurred, the Occupational Health service will carry out an exposure risk assessment.
- 5.5.5. 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.

5.6. Support, Counseling & Provision of Information

- 5.6.1. The OH will ensure that all contacts have correct and accurate information in relation to their risk of exposure. See section 6 and 7
- 5.6.2. Contacts assigned to active monitoring will be contacted daily by Occupational Health and will be advised of actions should they display symptoms.
- 5.6.3. 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.
- 5.6.4. Local Employee Assistance services must be included on the information leaflets. See details on <https://healthservice.hse.ie/filelibrary/staff/employee-assistance-programme-contact-details-for-counsellors.pdf>

5.7. Occupational Blood Exposure

- 5.7.1. 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](#)
- 5.7.2. All the necessary precautions will be taken to minimise the risks associated with handling blood from a known or suspected patient with Coronavirus
- 5.7.3. The HCW will be followed up as a close contact following the incident.

5.8. Collection, updating, and reporting of contact data

- 5.8.1. 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.
- 5.8.2. All contacts must be recorded and shared with Public Health

5.8.3. Due to the large numbers of cases the OHS should make contact with local Public Health to plan what details are required. PHD is responsible for collating all contact data returned from OHS on HCW contacts. Example of details to be shared are:

- Numbers of close contacts associated with a case.
- First and last date of monitoring per contact-Symptoms and date referred for testing (if relevant), and outcome of test.

5.8.4. Communication of contact details to Public Health does not require consent*. See Appendix 3 for Public Health contact details per region.

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

5.8.6. A Daily Occupational Health Report will be submitted by all OH services for submission to the HSE Leadership team.

5.8.7. The relevant Specialist in Public Health Medicine and National Clinical Lead in WHWU will be informed of outcome of monitoring/illness on an on-going basis

*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 restrict movements and undergo **active follow-up**. An exception may be made for HCWs who may be required to return to work for **essential service needs**. See section 9 for details

6.1.2. Close Contacts should be advised about their risk and the symptoms of COVID-19.

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
-

See linked leaflets - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>

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 10.
- 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. Guidance on restricting movement and self-isolation is available on the HPSC website <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/>

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. The manager should identify all casual contacts
- 7.1.3. The manager should provide a Casual Contacts information leaflet
See linked leaflets - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>
- 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 10.

7.2. Isolation and restrictions:

- 7.2.1. No restriction on movement, interactions with others or work is advised.

8. Health care workers returning from any International Travel

8.1. Risk categories

- 8.1.1. HCWs who have returned from any travel outside of the island of Ireland from 6pm on the 16th of March will be excluded from work and are required to restrict movement for 14 days. They will be passively monitored by Occupational Health.
- 8.1.2. HCWs who have returned from areas of presumed on-going transmission BEFORE this date/time will have been assessed by Public Health and categorised as required to restrict movement or allowed to return to work. HCWs who were permitted to return to work would be undergoing daily active monitoring by Occupational Health for 14 days.

8.2. Monitoring required for Returning HCWs AFTER 6pm on 16th March 2020

- 8.2.1. These returning HCWs will be required to restrict movement, stay out of work and self monitor for symptoms.
- 8.2.2. Occupational Health will advise them about their risk and the symptoms of COVID-19.
- 8.2.3. They will be provided with information the Returning HCW Contact Information leaflet
See linked leaflets - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>
- 8.2.4. They should be reminded about adhering to adequate respiratory etiquette and hand hygiene practice throughout this period.
- 8.2.5. For these contacts who are advised to restrict movements and self-monitoring they will:
- Self-Monitor for symptoms for up to 14 days following return from travel
 - Limit movements and interactions as much as is practicable
 - Avoid social gatherings, healthcare, educational and workplace settings
 - Can go outside if maintains at least 1 m distance from others
 - No restrictions on other household members (unless also close contacts)
Avoid the use of anti-pyretics, (for example paracetamol, ibuprofen) while undertaking monitoring in case they mask symptoms.
- 8.2.6. These HCWs must be advised to self-isolate immediately if they become symptomatic and contact their GP— see section 10.
- 8.2.7. Contact details should be specified on the Information Leaflet
- 8.2.8. HCWs 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.

8.3. Isolation and restrictions:

- 8.3.1. HCWs who have returned from any travel outside of the island of Ireland will be unable to remain at work and should be advised to limit their movements and interactions with others, as far as is practical as per Returning HCW Contact Information leaflet

8.3.2. Guidance on restricting movement, and self-isolation at home is available on the HPSC website <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/>

9. HCW Excluded from Work Returning Due to Essential Service Needs

9.1. Derogation of 'Essential' HCWs

9.1.1. If, despite redeployment efforts/recruitment, 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 HCWs from the identified critical services to return to the workplace under appropriate monitoring.

9.1.2. The guidance for Derogation must be followed: **'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'**.

9.1.3. Management must identify HCWs they deem 'essential' due to service needs and they may provide derogation for their return.

9.1.4. Where the HCW is a close contact, managers must liaise with Occupational Health know the specific risk of this close contact. There is increased risk of exposure if aerosol generating procedures were carried out during their unprotected contact, or if they had unprotected contact with multiple index cases.

- The manager must advise Occupational Health of their decision for the HCW to return to work.
- Occupational Health should advise management if they believe the risk is too high for that HCW to return to work.

9.1.5. HCWs who have become symptomatic may not return to work

9.2. 'Essential' HCWs Requiring Active Monitoring

9.2.1. 'Essential' HCWs, who are close contacts due to healthcare or community contact with a confirmed case or restricting movement due to international travel, may be allowed to return to work with active monitoring, for the remainder of the 14 days of restricted movement. .

9.2.2. The HCWs manager must ensure twice daily monitoring is carried out within the workplace. This monitoring must include a symptom check and temperature check (which must be <37.5°C) and must be recorded on the Symptom Monitoring Chart' – see appendix 2.

9.2.3. The first check must be prior to commencing their shift at work.

9.2.4. As well as twice daily symptom check by managers, daily active monitoring by Occupational Health will continue for close contacts and will be commenced for Returning Healthcare Workers who were previously on passive monitoring.

9.2.5. An 'Essential Healthcare Worker requiring active monitoring' leaflet will be given to these workers by Occupational Health.

See linked leaflet - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>

- 9.2.6. These HCWs must bring carry surgical face masks and must record their symptoms and temperature on the 'Symptom Monitoring Chart' – see appendix 2.
- 9.2.7. **If they become symptomatic or if their temperature is > 37.5°C**, the HCW must put on their surgical mask immediately self isolate if and contact Occupational Health to arrange testing.

9.3. 'Essential' HCWs Requiring Passive Monitoring

- 9.3.1. Other HCWs who may be considered for a derogation from management:
- 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**.
- 9.3.2. These HCWs may be allowed to return to work with passive monitoring, i.e. self-monitoring of symptoms, for the remainder of the 14 days of restricted movement.
- 9.3.3. Passive self-monitoring must be carried out by these HCWs under the direction of their manager.
- 9.3.4. Any HCW who becomes symptomatic must immediately self isolate if and contact Occupational Health to arrange testing.
- 9.3.5. Managers who may be using this derogation process can be provided with the 'Essential Healthcare Worker requiring Passive Monitoring' Leaflet, to issue to these HCWs –
- See linked leaflets - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>

9.4. Monitoring

- 9.4.1. **If they become symptomatic or (for active monitoring) if their temperature is > 37.5°C**, the HCW must immediately self isolate if and contact Occupational Health/OHP on call to arrange testing.
- 9.4.2. If at home out of hours they can contact their GP on Call or if not acutely unwell, wait to contact Occupational health the next morning.
- 9.4.3. If at work out of hours in a hospital setting the ED may be contacted to arrange testing if available. If not they must return home, self isolate and contact Occupational Health the next day.

10. Management of Symptomatic Contacts

10.1. Testing Criteria for Symptomatic Healthcare Workers

- 10.1.1. HCWs who develop respiratory symptoms must self-isolate immediately.
- 10.1.2. Testing will only be carried out on HCW who fulfil the following criteria:

- A Healthcare Worker (HCW) with acute respiratory illness (fever **AND** at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath);
 - A HCW with any acute respiratory illness **AND** having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset;
- 10.1.3. Once the HCW fits the criteria for testing contact tracing must commence as per section 5
- 10.1.4. Public Health must be informed in order to initiate contact tracing in the household.

10.2. Testing Managed by Occupational Health Services

- 10.2.1. Occupational Health will carry out assessment and testing of HCWs who:
- Are known Covid-19 Close/Casual Contacts
 - Have been identified as 'Essential' to critical services by their manager.
- 10.2.2. If the Occupational Health service is not available the HCW may contact their GP but must inform Occupational Health as soon as possible.

10.3. Other Symptomatic HCWs for Testing by GPs

- 10.3.1. HCWs who are symptomatic and do not fill the criteria of close or casual contact and who have not been derogated as an essential HCW by management will be directed to contact their GP for assessment and testing.
- 10.3.2. HCWs undergoing testing from their GP should be advised to update OH with results.

10.4. Occupational Health Assessment and Testing Process

- 10.4.1. Occupational Health will advise immediate self-isolation, if not already in place. See Self Isolation at Home Guidance. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/>
A risk assessment will be carried out over the telephone. (See Algorithm – Telephone Assessment, Testing Pathway and Return to Work of
- 10.4.2. Symptomatic Healthcare Workers If the HCW's condition is stable, OH will arrange testing. If the HCW's condition may be unstable, the OH may contact the National Ambulance Service (NAS) who will organise the patients transfer to hospital for testing and medical management.

10.5. Symptomatic HCWs Who Do Not Fulfill the Criteria for Testing

- 10.5.1. HCWs who are symptomatic and do not fill the criteria for testing will be advised to self-isolate for 14 days
- 10.5.2. The HCW may receive derogation from management to return to work before the 14 day period, IF they are asymptomatic for 48 hours - See section 9 for details. HCWs undergoing testing from their GP should be advised to update OH with results.

10.6. Results -COVID-19 Not Detected

- 10.6.1. For results ordered by the OH service, they will inform the HCW and provide advice re symptom management and further treatment with GP if necessary.
- 10.6.2. If COVID-19 is not detected by PCR, those symptomatic close/casual contacts will still need to be monitored for 14 days after their last contact with a confirmed COVID-19 case. They will return to either active or passive surveillance as determined by the initial risk assessment.
- 10.6.3. 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 48 hours
- 10.6.4. 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.
- 10.6.5. If the HCW had no known contact or had casual (protected) contact with known COVID-19 case in the healthcare environment, they can return to work once asymptomatic for 48 hours.

10.7. Results - COVID-19 Detected

- 10.7.1. OH informs the HCW, advises they must continue to self-isolate as per the guidance and advise them to contact their GP for on-going medical management of care.
- 10.7.2. Contact tracing within the service and community may be required if it was not previously commenced
- 10.7.3. HCWs who are medically well can return to work 14 days after symptom onset (or date of diagnosis if no symptoms) AND 5 days with no fever.
- 10.7.4. The hospital specialist or GP will provide advice regarding return to work.

11. References:

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Health Protection Surveillance Centre. (2020). *Novel Coronavirus 2019 (2019-nCoV) National Interim Guidelines for Contact Management*. Available: <https://www.hpsc.ie/a->

z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/. Last accessed 3rd April 2020.

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Health Protection Surveillance Centre. (2020). *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*. Available: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>. Last accessed 3rd April 2020.

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European Centre for Disease Prevention and Control. (2020). *Public health management of persons having had contact with novel coronavirus cases in the European Union 25 February 2020*. Available: <https://www.ecdc.europa.eu/en/publications-data/public-health-management-persons-having-had-contact-novel-coronavirus-cases>. Last accessed 17th 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.

12. 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

13. 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.

14. 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 |

15. 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

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:** _____

16. Appendix 10 – Document Control Sheet

| Document: GD:06:11– Guidance for Coronavirus – HCW Management by Occupational Health | |
|---|--|
| Section | Changes Made |
| 3.1.4 4.2 | Updated with new guidance - 'Pregnant Healthcare Workers (HCWs), Vulnerable HCWs and HCW with Other Pre-Existing Disease' |
| 5.1 | Merged and edited 'Contact Tracing purpose and responsibility' and 'Identification of HCW contacts' Remove ECDC and case definition information as captured elsewhere |
| 5.1 | Added new text - Infectious Period for Contact Tracing Outlining the infectious period for contact tracing purposes is defined as from 48 hours before symptom onset in the case, until the case is classified as no longer infectious by the treating team (usually 5 days fever free AND 14 days from symptom onset but may be longer in severely ill cases who are hospitalized) |
| 5.1.2 | Contact tracing to begin once a symptomatic HCW or patient fits the criteria for testing – testing and results do not have to be available |
| 5.7.4 | Link for local EAPs added |
| 5.4 | Removed advice to pre-prepare close contact pack – OH to consider how the close contact pack will be made available |
| 5.5.2 | Updated case definition |
| | Added link for Local EAP service |
| 5.8.6 | Added that a daily Occupational Health Report will be submitted by all OH services for submission to the HSE Leadership team. |
| All | Removed leaflets from appendices and references to it as available on HPSC Deleted Infection Prevention advice leaflet as general information available to HCWs already |
| | |
| | |