



Risk Assessment for COVID-19 Vaccination Guidelines for Healthcare Workers 12th July 2021

Changes from Version of 28th May

- This document replaces the previous version issued 28th May.
- The key change is the insertion of section 8 on assessing risk-benefit associated with deployment of non-vaccinated healthcare workers to direct patient/service user care roles.
- There are some editorial changes and clearer indication that risk of exposure is lower for patients/service users who are vaccinated.
- Rephrasing of questions in Appendix 5.

1. Introduction

In March 2020, the WHO declared a SARS-CoV-2 (COVID-19) pandemic. Since its emergence, COVID-19 has spread rapidly on a global scale.

Frontline Healthcare Workers (HCWs) have a higher exposure to COVID-19 virus due to the nature of their work. In comparison to other workers, healthcare workers appear to have a higher risk of COVID-19 infection (1). This is likely to be related to the fact that frontline healthcare work requires close personal exposure to patients/service users with SARS-CoV-2 (2).

Since the pandemic commenced in Ireland from 01/03/2020 until 01/05/2021 the total number of COVID-19 confirmed Healthcare worker cases has been 28,719 cases (11.4% of total cases in Ireland). Of these 786 cases were hospitalised and 101 admitted to ICU (3). However the proportion of all cases accounted for by healthcare workers is much lower since vaccination of healthcare workers was implemented.

During outbreaks of vaccine preventable disease, for which there is a safe and effective vaccine, institutions have a responsibility to provide and promote immunisation to staff to protect them from infection and disease. Healthcare institutions have a further responsibility to limit patient/service user exposure and the exposure of other staff to risk of infection from individuals who are not immunised (4).

Vaccination of Healthcare Workers (HCWs) for infectious diseases is recommended in the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020 (S.I. No. 572 of 2013) (5). The primary aim of the COVID-19 vaccination programme is to protect those who are most at risk of illness or death from COVID-19. The organisation is providing the vaccine to staff free of charge together with full information and support. The HSE is also committed to make the process of receiving the vaccine as convenient as possible. The COVID-19 vaccination is recommended for all Healthcare Workers except for those with a specific medical contraindication (9).

To enhance the safety, health & wellbeing of staff and patients/service users, the organisation introduced a process of risk assessment in May of this year, to support staff working in roles where COVID-19 vaccination is particularly recommended and who may not have availed of vaccination. This is an update on that process. While the HSE is committed to respecting the privacy of staff members it is necessary in this context to collect and manage data on vaccination status of staff members. The HSE is committed to protect the security and confidentiality of data collected. Please see relevant DPC guidelines issued in July 2021, <http://www.dataprotection.ie/en/dpc-guidance/processing-covid-19-vaccination-data-context-employment> which acknowledges the need for healthcare organizations to include vaccination status as an essential mitigation in certain circumstances.

2. Risk of COVID-19 Infection in Healthcare Workers

During the ongoing COVID-19 pandemic, healthcare workers are at substantially increased risk of becoming infected with Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and infection is associated with a significant risk of serious disease, in particular in those who are unvaccinated. Healthcare workers may be exposed to both infectious patients/service users and colleagues in the workplace and may be exposed outside of the workplace. (6). According to a study relating to UK experience between March and July 2020 (prior to availability of vaccine) Healthcare workers had a more than seven-fold higher risk of severe COVID-19 compared with the general population(1).

3. Impact of Vaccination on Transmission of SARS-CoV-2

European Centre for Disease Prevention and Control have stated that 'COVID-19 vaccines licensed in the EU/EEA have been shown during clinical trials to be highly effective in providing protection against symptomatic and severe COVID-19. Evidence from real-life usage of COVID-19 vaccines has confirmed these clinical trial findings and showed high vaccine effectiveness against PCR-confirmed SARS-CoV-2 infection.

The ECDC [Interim Guidance on benefits of full vaccination against COVID-19 for transmission risks and implications for non- pharmaceutical interventions](#) concludes that "based on the limited evidence available the likelihood of an infected vaccinated person transmitting the disease is currently assessed to be very low to low". They further state that the likelihood of severe disease for unvaccinated individuals is low for younger adults and adolescents and high for unvaccinated older adults or people with underlying comorbidities. (11).

Many patients/service users are older adults or people with underlying comorbidities and some of them may be unvaccinated or may have conditions that impair their response to vaccine. There is a significant concern regarding the risk to them of severe disease and it is essential that the healthcare service do all that is practical to minimise risk to them associated with accessing healthcare services.

4. Healthcare Workers and Risk Categorisation for prioritisation of COVID-19 vaccination

4.1. The COVID-19 Vaccine Allocation Strategy sets out a provisional priority list of groups for vaccination. The Strategy was based on recommendations from the National Immunisation Advisory Committee (NIAC) and initially approved by government on 8th December 2020. The allocation groups have been updated more recently taking account of new recommendations from NIAC.

4.2. Currently frontline Healthcare workers are in allocation group 2 for vaccination. This group is divided

into further subgroups as outlined at the following link <https://www.gov.ie/en/publication/39038-provisional-vaccine-allocation-groups/> (7).

5. Risk Categorisation

- 5.1. HCW positions must first be categorised as Category A – Frontline HCW or Category B -Other Workers
- 5.2. Those in Category A must be further categorised using the ‘Healthcare Worker Categorisation Risk Assessment - COVID-19 Vaccine’ (See appendix 3), to determine if they are in a ‘Category A High Risk position’.
- 5.3. The classification is given to a position depending on the requirements of the role and as specified in Appendix 1 *Risk Categorisation Guidelines*.

6. COVID-19 Vaccination Programme and Risk Assessment

- 6.1. The Safety, Health and Welfare at Work Act 2005 provides that employers have a duty of care towards employees in relation to safety, health and welfare at work. In that context it is appropriate to manage the risk to any employee of contracting the virus and/or potentially passing on the virus to other employees (8).
- 6.2. For the purpose of managing this risk, COVID -19 vaccination is recommended for all Healthcare Workers other than those who have a specific medical contraindication. Where people have a specific medical contraindication it is important that this is appropriately assessed and documented. Where there is a contraindication to one type of vaccine another type of vaccine may be appropriate.
- 6.3. The HSE provides information on COVID-19 vaccination and provides vaccination as above. Vaccination is based on the consent of the staff member to accept vaccination.
- 6.4. Healthcare workers, students, contractors and other people exposed in Category A High Risk Area positions should confirm their status with respect to vaccination against COVID-19 to their line manager when requested to do so.
- 6.5. Healthcare workers, students, contractors and other people exposed in Category A High Risk Area positions who can confirm that they have had COVID-19 in the previous 9 months may be regarded as equivalent to vaccinated healthcare workers, students, contractors and other people for purposes of this risk assessment.
- 6.6. Healthcare workers, students, contractors who decline vaccination should be asked to confirm that they have been offered vaccination and that they understand that vaccination remains available to them if they change their mind or if their circumstances change. The manager should complete the ‘COVID-19 Vaccination Status Form’ in appendix 5 with the HCW.

7. Individual Risk Assessment

- 7.1. All Category A positions must be assessed according to the level of risk of exposure to COVID-19 in the context of work location and client group.
- 7.2. This should be carried out by the individual’s Line Manager in accordance with existing HSE policy and in consultation with the individual employee. See Appendix 3 – Healthcare Worker Categorisation Risk Assessment - COVID-19 Vaccine

- 7.3. The conduct of the risk assessment should be planned and scheduled with the staff member.
- 7.4. The highest priority of assessment, screening and vaccination must be assigned to workers employed in Category A - High Risk Area positions (refer to Appendix 1).

8. Risk Mitigation Options for Category A High Risk HCWs who decline vaccination.

- 8.1. Good infection prevention and control practice including appropriate use of PPE is recommended for all healthcare workers but are particularly important for those who are not vaccinated.
- 8.2. Reassignment to areas with lower exposure risk is an important option for managing risk of exposure for people who are not vaccinated. This is a temporary reassignment and is subject to review as the situation changes.
- 8.3. Monitoring for evidence of infection is important for all healthcare workers to protect others from exposure to infection. This is particularly important for those who are not vaccinated but staff members who are vaccinated can have infection and should also be monitored. Monitoring for evidence can be based on reporting of symptoms and on testing. Testing of healthcare workers who are not vaccinated for SARS-CoV-2 infection at intervals based on risk assessment may be an option for mitigation of the additional risk they may pose to others but it is not equivalent to vaccination in terms of risk reduction.
- 8.4. Risk management options should reflect a point in time and be reviewed as appropriate to take account of the current level of transmission of COVID-19 in the community and the specific healthcare setting.
- 8.5. HCWs should be advised as to who they can contact for vaccination if they change their mind or if they have further questions. Please see NIAC (National Immunisation Advisory Committee) for contraindications to COVID-19 vaccination.
<https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/covid19.pdf>(9)

9. Risk Benefit Assessment and Mitigation Options for Category A High Risk HCWs who decline vaccination.

- 9.1. Decision on the deployment of non-vaccinated staff to roles that involve direct contact with patient/service users must take account of the risks to patients/service users associated with contact with non-vaccinated staff and the benefits to patient/services users associated with contact with non-vaccinated staff
- 9.2. All healthcare facilities are required to implement good IPC practices and all healthcare workers (vaccinated and un-vaccinated) are required to adhere to good IPC practices including:
 - processes to assess staff for symptoms on arrival at work and exclusion of staff who have symptoms
 - processes to ensure that staff who become symptomatic while at work report those symptoms and leave work promptly
 - monitoring of compliance with appropriate IPC measures (PPE, social distancing, etc.)
 - appropriate processes for testing of staff as appropriate based on national guidance and local risk assessment
- 9.3. All of the above measures lower the risk to patients/service users associated with exposure to non-

vaccinated staff.

9.4. In that context other elements relevant to assessing the risk to patient/service users are

- The level of virus circulation in the community where the healthcare worker or other person concerned lives
- The vaccination status of potentially exposed patients/service users; the risk is much lower for fully vaccinated patients and service users
- The age, medical condition and medication of potentially exposed patients/service users; for example those who are immunocompromised by virtue of their condition or treatment are likely to be a greater risk even if vaccinated

9.5. Elements relevant to assessing the benefit to patient/service users are

- The importance of the role of the healthcare worker or other person concerned to supporting service delivery.
- The availability of others to fulfil that role if the healthcare worker or other person concerned is not available.

9.6. The risk to benefit ratio

- **Unfavourable risk-benefit**

The risk with respect of exposure of a patient/service user to a non-vaccinated health care worker is likely to be high if there is a high incidence of infection in the community and if the patient/service user is at high risk of severe disease because of their vaccination status (non-vaccinated) and or age or medical condition. The benefit to the patient/service user is less if alternative appropriately skilled and vaccinated people are available to provide the service and greater if alternative appropriately skilled and vaccinated people are NOT available to provide the service.

For example, a non-vaccinated healthcare worker should not work on a transplant service during a period of high community transmission unless their role is essential and no other appropriately skilled and vaccinated person is available to provide the service

- **Favourable risk-benefit**

The risk with respect of exposure of a patient/service user to a non-vaccinated health care worker is likely to be low if there is a low incidence of infection in the community and if the patient/service user is at low risk of severe disease because of their vaccination status (non-vaccinated) and or age or medical condition. The benefit to the patient/service user is less if alternative appropriately skilled and vaccinated people are available to provide the service and greater if alternative appropriately skilled and vaccinated people are NOT available to provide the service.

For example a non-vaccinated healthcare worker on a community nursing unit or day care service where most service users are vaccinated would represent a low-risk in proportion to the benefit during a period of low community transmission if their role is essential and no other appropriate skilled person is available to provide the service

The examples given represent extremes. Many situations will be intermediate between these extremes. Each situation must be assessed individually.

10. Audit

Service management is responsible for auditing compliance with the process. An audit tool is available in appendix 6.

11. References

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2. Bailey JRM, Przewrocka C, Dijkstra KK, Swanton C. *COVID-19: the case for health-care workers screening to prevent hospital transmission*. *The Lancet*, 2020 ISSN:0140-6736, Vol:395, Issue 10234, page:1418-1420.
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4. AMA (2021). *Code of medical ethics: physicians and the Health of the community*, Opinion 8.7. <https://www.ama-assn.org/delivering-care/ethics/routine-universal-immunization-physicians>
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7. Department of Health (2021). Provisional Vaccine Allocation Groups. <https://www.gov.ie/en/publication/39038-provisional-vaccine-allocation-groups/>
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9. NIAC - National Immunisation Advisory Committee. www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/covid19.pdf
10. Health Protection Surveillance Centre - Infection Prevention and control guidance for COVID-19- personal protective equipment. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>
11. ECDC Technical Report 'Interim guidance on the benefits of full vaccination against COVID-19 for transmission and implications for non-pharmaceutical interventions', 21st April 2021. Available at: <https://www.ecdc.europa.eu/en/publications-data/interim-guidance-benefits-full-vaccination-against-covid-19-transmission>

12. Appendix 1 - Risk Categorisation Guidelines Category A

All positions must be categorised as Category A that involve either:

1. Direct Physical contact with:

A) patients/clients

B) deceased persons, body parts

C) blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)

OR

2. Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:

A) Workers with frequent/ prolonged face to face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency /outpatient department.

B) Normal work location is a clinical area such as a ward, outpatient clinic (including, for example ward clerks and patient transport officers); or who frequently throughout their working week are required to attend clinical areas, e.g. persons employed in food services who deliver meals and maintenance workers.

Category A - HIGH RISK AREA WORKERS

1. This applies to workers:

- In associated community settings whose usual clients are pregnant women, transplant, or oncology/haematology patients
- Who are required to work in a variety of areas or change location on a rotating basis or who may be required to work in Category A High Risk areas
- who are posted to or frequently work in Category A High Risk clinical areas

Workers employed in positions in the following **high-risk clinical areas** are particularly recommended to receive the COVID-19 vaccine.

High Risk clinical areas include but not be limited to the following

1. Residential aged care facilities and other facilities caring for older people (especially if non-vaccinated)
2. Emergency Departments
3. Intensive Care Units
4. Transplant and Oncology/Haematology wards and units
5. Pre-natal maternity units and clinics

Category B – OTHER WORKERS

1. Do not work with high-risk client groups or in the high-risk clinical areas listed above
2. Work predominantly with vaccinated groups in whom the vaccine is likely to be effective (that is non-immunocompromised)
3. No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
4. Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens
5. Only attends clinical areas infrequently and for short periods e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
6. Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc.)

13. Appendix 2 - Frequently Asked Questions for Managers on Risk assessment for COVID-19 Vaccination

i. Why must a HCW undergo a risk assessment for COVID-19 vaccination this year?

COVID-19 has caused a worldwide pandemic and has placed significant demands on the health service.

Due to the current COVID-19 pandemic, it is important to support and encourage all HCWs to accept vaccination but particularly those HCWs working in high-risk areas. It is likely that the introduction of a Risk Assessment will help improve the uptake of COVID-19 vaccination among Healthcare workers (HCW) and those in frontline positions and where vaccination is declined, to consider how the risks to staff and patients can be mitigated.

ii. Who should carry out the risk assessment?

As a manager you should use this risk assessment for all Category A HCWs to identify if the HCW is in a 'Category A High Risk Area' position.

iii. What if a person I manage indicates that they have not been vaccinated?

In the first instance it is important to explore why the person does not wish to be vaccinated and to provide them with access to Occupational Health or other appropriate expertise so that they may discuss their concerns.

In addition it is important to assess the risk to the person of acquiring COVID-19 and the risk that they may represent to others if they become infected and consider which, if any, risk management options are appropriate.

It is also necessary to consider how critical the role of the staff member is to maintaining service in the context of availability of others with relevant skills to maintain the service

iv. Why are there so few high risk clinical areas? What about other areas?

The current list of Category A High Risk clinical areas represents identified key areas however a service may identify other areas based on their knowledge and experience of their service.

v. Do Category A High Risk Area Workers involve community workers?

Yes. The assessment must consider the extent of exposure not the service area. (Refer to *appendix 1 - Risk Categorisation Guidelines*).

vi. How are workers that are involved in rotating positions/on-call managed in relation to the Category A High Risk Area requirements?

Workers that are required to work in a variety of areas or change locations on a rotating basis may be required to work in Category A High Risk clinical areas and will therefore be categorised as Category A High Risk.

vii. Does the Category A High Risk Area requirement apply to workers who work in the specified unit/s for part of their shift?

The requirements for Category A High Risk workers applies if the worker is posted to or frequently works in a Category A high risk unit/s

viii. What if a HCW gets vaccinated by their local GP/ Nurse/Pharmacist/Mass Vaccination Clinic?

The Healthcare worker should ensure that their vaccinator provides them with evidence of COVID-19 vaccination. They can then inform their manager.

14. Appendix 3 -Healthcare Worker Categorisation Risk Assessment - COVID-19 Vaccine Healthcare Workers

Name: _____ Job title: _____
 Work location: _____ Manager: _____
 Assessment Date: _____ Healthcare Worker Category: _____

1. Category A Worker – If any boxes ticked in i OR ii , Go to Part 2 for further categorisation
i- Direct Physical contact with: <input type="checkbox"/> patients/clients <input type="checkbox"/> deceased persons, body parts <input type="checkbox"/> blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)
ii - Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means: <input type="checkbox"/> Frequent/ prolonged face to face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency /outpatient department. <input type="checkbox"/> Normal work location is a clinical area such as a ward, outpatient clinic(including, for example ward clerks and patient transport officers);or who frequently throughout their working week are required to attend clinical areas where they may have significant exposure to patients/service users.
2. Category A - HIGH RISK AREA WORKERS – If any in i AND ii applies – COVID-19 Vaccination requirements apply and evidence of vaccination to be provided to manager.
i - Applies to Workers in <input type="checkbox"/> associated community settings whose usual clients include transplant, or oncology/haematology patients or other high risk groups <input type="checkbox"/> required to work in a variety of areas or change location on a rotating basis or who may be required to work in Category A High Risk areas <input type="checkbox"/> posted to or predominately work in Category A High Risk clinical areas
ii - High Risk clinical areas <input type="checkbox"/> Residential aged care facilities and other facilities caring for older people (particularly if non-vaccinated or immunocompromised). <input type="checkbox"/> Emergency Departments <input type="checkbox"/> Intensive Care Units <input type="checkbox"/> Transplant and Oncology/Haematology wards and units <input type="checkbox"/> Pre-natal maternity units and clinics <input type="checkbox"/> Other - _____
3. Category B Workers - COVID-19 Vaccination is recommended.
Applies to workers who: <input type="checkbox"/> Do not work with high risk client groups or in the high-risk clinical areas listed above <input type="checkbox"/> Work almost exclusively with vaccinated people who are not immunocompromised <input type="checkbox"/> Have no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these. <input type="checkbox"/> Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens <input type="checkbox"/> Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area. <input type="checkbox"/> Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc.

15. Appendix 4 – Sample Risk Assessments

Sample 1 - Clerical Officer. Office based. Attends 2 half day Outpatient clinics weekly where there is significant interaction with patients/service users

1. Category A Worker – If any boxes ticked in i OR ii , Go to Part 2 for further categorisation
<p>i - Direct Physical contact with:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> patients/clients <input type="checkbox"/> deceased persons, body parts <input type="checkbox"/> blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)
<p>ii - Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequent/ prolonged face to face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency /outpatient department. <input checked="" type="checkbox"/> Normal work location is a clinical area such as a ward, outpatient clinic(including, for example ward clerks and patient transport officers);or who frequently throughout their working week are required to attend clinical areas where they may have significant exposure to patients/service users.
2. Category A - HIGH RISK AREA WORKERS – If any in i AND ii applies – COVID-19 Vaccination requirements apply and evidence of vaccination to be provided to manager.
<p>i - Applies to Workers in</p> <ul style="list-style-type: none"> <input type="checkbox"/> associated community settings whose usual clients include transplant, or oncology/haematology patients or other high risk groups <input type="checkbox"/> required to work in a variety of areas or change location on a rotating basis or who may be required to work in Category A High Risk areas <input type="checkbox"/> posted to or predominately work in Category A High Risk clinical areas
<p>ii - High Risk clinical areas</p> <ul style="list-style-type: none"> <input type="checkbox"/> Residential aged care facilities and other facilities caring for older people (particularly if non-vaccinated or immunocompromised). <input type="checkbox"/> Emergency Departments <input type="checkbox"/> Intensive Care Units <input type="checkbox"/> Transplant and Oncology/Haematology wards and units and home based services <input type="checkbox"/> Pre-natal maternity units and clinics <input type="checkbox"/> Other - _____
3. Category B Workers - –COVID-19 Vaccination is recommended.
<p>Applies to workers who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not work with high risk client groups or in the high-risk clinical areas listed above <input type="checkbox"/> Work almost exclusively with vaccinated non-immunocompromised people <input type="checkbox"/> Have no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these. <input type="checkbox"/> Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens <input type="checkbox"/> Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area. <input type="checkbox"/> Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc.

Outcome – Category A worker. COVID-19 Vaccination is of importance. If vaccination is not accepted all other risk mitigation options must be considered including redeployment. This must take into consideration the feasibility of maintaining service if the person is redeployed.

Sample 2 - Staff Nurse on an Oncology ward

<p>1. Category A Worker – If any boxes are ticked in i OR ii, Go to Part 2 for further Categorization</p>
<p>i - Direct Physical contact with:</p> <p><input checked="" type="checkbox"/> patients/clients</p> <p><input checked="" type="checkbox"/> deceased persons, body parts</p> <p><input checked="" type="checkbox"/> blood, body substances, infectious material or surfaces or equipment that might contain these(e.g. soiled linen, surgical equipment, syringes)</p>
<p>ii - Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:</p> <p><input checked="" type="checkbox"/> Frequent/ prolonged face to face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency /outpatient department.</p> <p><input checked="" type="checkbox"/> Normal work location is a clinical area such as a ward, outpatient clinic(including, for example ward clerks and patient transport officers);or who frequently throughout their working week are required to attend clinical areas where they may have significant exposure to patients/service users.</p>
<p>2. Category A - HIGH RISK AREA WORKERS – If any in i AND ii applies- COVID-19 Vaccination requirements apply and evidence of vaccination to be provided to manager.</p>
<p>i - Applies to Workers in</p> <p><input checked="" type="checkbox"/> associated community settings whose usual clients include infants, pregnant women, transplant, or oncology/haematology patients</p> <p><input type="checkbox"/> required to work in a variety of areas or change location on a rotating basis or who may be required to work in Category A High Risk areas</p> <p><input checked="" type="checkbox"/> posted to or predominately work in Category A High Risk clinical areas</p>
<p>ii - High Risk clinical areas</p> <p><input type="checkbox"/> Residential aged care facilities and other facilities caring for older people.</p> <p><input type="checkbox"/> Emergency Departments</p> <p><input type="checkbox"/> Intensive Care Units</p> <p><input checked="" type="checkbox"/> Transplant and Oncology/Haematology wards and units and home based services</p> <p><input type="checkbox"/> Pre-natal maternity units and clinics</p> <p><input type="checkbox"/> Other - _____</p>
<p>3. Category B Workers - COVID-19 Vaccination is recommended.</p>
<p>Applies to workers who:</p> <p><input type="checkbox"/> Do not work with high risk client groups or in the high-risk clinical areas listed above</p> <p><input type="checkbox"/> Have no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.</p> <p><input type="checkbox"/> Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens</p> <p><input type="checkbox"/> Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.</p> <p><input type="checkbox"/> Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc.</p>

Outcome – Category A High Risk Area worker. COVID-19 vaccine is very important. If vaccination is not accepted redeployment is likely to be necessary unless the service cannot be maintained without that person. If redeployment is not possible all other risk assessment options should be considered.

16. Appendix 5 - COVID-19 Vaccination Status Form

Healthcare Workers Name: _____

Job title: _____

Work location: _____

Manager: _____

Assessment Date: _____

Healthcare Worker Category: _____

1. I have read and understood the vaccine patient information available at <https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/> and the guidelines regarding Risk Assessment for COVID-19 Vaccination Guidelines for Healthcare Workers YES NO
2. I have been fully vaccinated against COVID-19 YES NO
3. I have been partially vaccinated against COVID-19 and waiting to complete YES NO
4. I have not been vaccinated against COVID-19 YES NO

Questions 5 to 8 do not apply to people who have answered yes to Question 2 or 3 above

5. I have been advised of the risks to myself, patients and/or others associated with my vaccination status.
YES NO
6. I am aware that my non-vaccinated status may result in my being reassigned to a non-high risk area or other requirements to protect me and others with whom I may come in contact as per the 'Risk Assessment for COVID-19 Vaccination, Guidelines for Healthcare Workers'
YES NO
7. I understand that vaccination remains available to me if I change their mind or if my circumstances change
YES NO
8. The reason why I am not vaccinated is :
 - Perceived risk
 - Beliefs
 - Medical condition
 - Anaphylaxis
 - Medication
 - Concern re possible serious side effects
 - Other
 - Do not wish to say

Healthcare Worker Signature: _____

Date: _____

Manager Signature: _____

Date: _____

Refusal to sign: In circumstances where the Healthcare worker prefers not to sign this form, all details on this form should be discussed with the Healthcare Worker and it should be noted on the form by the line manager.

Healthcare Worker declined to sign form:

17. Appendix 6 – Audit tool

Name of Department/Service: _____

Department Managers name: _____

Date of Audit: _____

Audit on the Implementation of the Risk Assessment for COVID-19 Vaccination in Healthcare Workers		Yes	No	N/A	Comment/Actions
1.	Have Healthcare Workers been categorised as either Category A, Category A High Risk Area or Category B using the Risk Assessment Healthcare Worker Risk Assessment For COVID-19 Vaccine Form?				
2.	Have all Healthcare Workers in Category A High Risk Area positions informed the line manager of their vaccination status?				
4.	Where a possible medical contraindication has been identified have Healthcare Workers in Category A High Risk Area positions been referred to Occupational Health?				
5.	Where a HCW has a medical contraindication or has declined vaccination for any reason have risk mitigation options been considered and applied for Healthcare Workers in Category A High Risk Area positions?				
6.	Have Healthcare Workers in Category A –High Risk Area positions confirmed that they have been offered vaccination, been offered an opportunity to discuss their concerns and advised as to who to contact if they change their mind. ?				

Auditor Name: _____

Auditor Signature: _____

