Risk Assessment for COVID-19 Vaccination
Guidelines for Healthcare Workers

Updated December 2021

Issued on behalf of the COVID Vaccine Implementation Group

Changes from previous version

- There are a number of editorial changes to provide clarification and remove duplication
- Updated data on relative incidence in healthcare workers
- Text on uptake of vaccination and the role of vaccination in reducing risk of transmission of SARS-CoV-2 has been updated
- Text on booster vaccination
- Clarification on the role of testing for SARS-CoV-2 as an aid to managing risk in non-vaccinated people.
1. Introduction

Frontline Healthcare Workers (HCWs) have had higher exposure to COVID-19 virus due to the nature of their work. In comparison to other workers, healthcare workers have a higher risk of COVID-19 infection (1). This is likely to be related to the fact that frontline healthcare work requires contact with colleagues and others in travelling to and attending for work in person and the nature of the work requires close personal exposure to patients/service users with SARS-CoV-2 when at work (2).

Between 10 October and 6 November 2021 there were 67,463 of which 2,267 were healthcare workers. This is 3.4% of the total cases and 4.9% of cases for which status was known (3).

During outbreaks of vaccine preventable disease, for which there is a safe and effective vaccine, institutions have a responsibility to provide and promote vaccination to staff to protect them from infection and disease. Staff vaccination plays an important role in supporting this objective (4). Healthcare institutions have a further responsibility to limit patient/service user exposure to infection, and the exposure of other staff to risk of infection.

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 for HCWs is to protect HCWs from risk of illness or death from COVID-19 and reduce the risk of HCW infection. The HSE 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. COVID-19 vaccination, including a booster vaccine 6 months (not less than 5 months) after completion of the primary vaccination course, 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 HSE introduced a process of risk assessment in May 2021, to support HCWs 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). 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). Between March and July 2020 (prior to availability of vaccine) UK 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 effectiveness of vaccination in protection against infection declines with time. In this context the National Immunisation Advisory Committee (NIAC) have recommended a booster dose of vaccine administered 6 months (not less than 5 months) after completion of the primary vaccination course.

The extent to which vaccination reduces transmission from vaccinated individuals who become infected may differ by the exposure context. Overall vaccination is considered to reduce the extent to which infected vaccinated people transmit SARS-CoV-2 to their contacts. The definition of ‘Fully Vaccinated’ is included in the National Guidelines for Public Health management of contacts of cases of COVID-19.

Viral circulation in Ireland and the EU/EEA currently remains high.

In the current context, and given the available evidence:

- The risk of developing severe COVID-19 disease for a fully vaccinated individual is very low in non-immunocompromised younger adults and middle-aged adults with no risk factors for severe COVID-19, and low in older adults or people with
underlying risk factors. Availing of booster vaccination, for those for whom a booster is recommended, is important in maintaining benefits of vaccination.

- The risk of developing severe COVID-19 disease for an unvaccinated individual who has been in contact with a fully vaccinated asymptomatic person exposed to SARS-CoV-2 infection is very low to low in younger adults and middle-aged adults with no risk factors for severe COVID-19, and moderate in older adults or persons with underlying risk factors (limited evidence available so far).

The overall reduction in risks of severe COVID-19 disease is dependent on vaccine uptake (including booster vaccination) and vaccination coverage in the general population and is modulated by several other factors, such as age and underlying conditions, vaccine characteristics, variants of concern, setting, and the epidemiological situation (11).

Some patients/service users may be unvaccinated. 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.

Others may have conditions that impair their response to vaccine. Extended primary vaccination is offered to immunocompromised people.

4. Healthcare Workers COVID-19 vaccination

4.1. The COVID-19 Vaccine Allocation Strategy originally set out a provisional priority list of groups for vaccination. The Strategy was based on recommendations from the National Immunisation Advisory Committee (NIAC). This prioritized HCW for vaccination. Currently vaccination is available to all the members of the population above the age of 12 years.

4.2. 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).

4.3. For the purposes 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. While being ‘fully vaccinated’ as defined in Public Health guidance is reduces risk of severe disease booster vaccination is recommended for
healthcare workers about six months (not less than 5 months) after completion of a two-dose primary vaccination course. The interval is not less than 3 months for Janssen vaccine.


5. COVID-19 Vaccination Programme and Risk Assessment

5.1. 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. Mandatory vaccination of HCWs is not currently Government policy.

5.2. 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/supervisor when requested in line with this guidance. This includes confirming their status with respect to booster vaccination.

5.3. 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.

5.4. Healthcare workers, students, contractors who decline recommended vaccination (including booster 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.

6. Individual Risk Assessment

6.1. 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.

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.
6.2. The conduct of the risk assessment should be planned and scheduled with the staff member.

6.3. 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).

7. Risk Mitigation Options for Category A (High Risk HCWs) who decline vaccination.

7.1. Good infection prevention and control practice, including appropriate use of PPE, is recommended for all healthcare workers. They are particularly important for those who are not vaccinated.

7.2. 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.

7.3. Monitoring for evidence of infection is important for all healthcare workers to protect others from exposure to infection. This is important for all staff, including vaccinated staff, but particularly so for non-vaccinated staff. Monitoring for evidence of infection can be based on reporting of symptoms and on testing.

7.4. Testing of healthcare workers may help to reduce the risk that patients/service users and colleagues are exposed to risk of infection from the tested person but it does not protect the person tested from risk of infection. With these limitations, additional testing may be one element of mitigation of the additional risk to others associated with HCWs who are not vaccinated.

7.5. 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.

7.6. HCWs who have not accepted vaccination should be advised as to who they can contact for vaccination if they change their mind or if they have further questions. They can register online for vaccination: https://vaccine.hse.ie/

Please see NIAC guidelines for medical contraindications to vaccine: https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/covid19.pdf(9)

8. Risk/Benefit Assessment and Mitigation Options for Category A (High Risk HCWs) who decline vaccination.

8.1. 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.

8.2. 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/or local risk assessment.

All of the above measures protect staff and lower the risk to patients/service users associated with exposure to non-vaccinated staff.

8.3. 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

8.4. 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.
8.5. 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 fully vaccinated (including booster vaccination) 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.
9. **Audit**

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

10. **References**


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


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.)
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 healthservice.

Due to the current COVID-19 pandemic, it is important to support and encourage all HCWs to accept vaccination and booster vaccination when they are eligible for booster vaccination. 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 HCWs 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. Access/referral to Occupational Health, or other appropriate expertise, to discuss their concerns may be appropriate, if they have concerns regarding medical contraindications to vaccination.

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 partly in specified unit/s?**

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.
## Appendix 3 - Healthcare Worker Categorisation Risk Assessment

<table>
<thead>
<tr>
<th>Name:</th>
<th>Job Title:</th>
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<tbody>
<tr>
<td>Work Location:</td>
<td>Manager:</td>
</tr>
<tr>
<td>Assessment Date:</td>
<td>Healthcare Worker Category:</td>
</tr>
</tbody>
</table>

### 1. Category A Worker – If any boxes ticked in i OR ii, Go to Part 2 for further categorisation

- **i** - Direct Physical contact with:
  - ☐ patients/clients
  - ☐ deceased persons, body parts
  - ☐ 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:
  - ☐ 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.
  - ☐ 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
  - ☐ associated community settings whose usual clients include transplant, or oncology/haematology patients or other high risk groups
  - ☐ 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
  - ☐ posted to or predominately work in Category A High Risk clinical areas

- **ii** - **High Risk clinical areas**
  - ☐ Residential aged care facilities and other facilities caring for older people (particularly if non-vaccinated or immunocompromised).
  - ☐ Emergency Departments
  - ☐ Intensive Care Units
  - ☐ Transplant and Oncology/Haematology wards and units
  - ☐ Pre-natal maternity units and clinics
  - ☐ Other -

### 3. Category B Workers - COVID-19 Vaccination is recommended.

Applies to workers who:
- ☐ Do not work with high risk client groups or in the high-risk clinical areas listed above
- ☐ Work almost exclusively with vaccinated people who are not immunocompromised
- ☐ Have no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
- ☐ 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
- ☐ 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.
- ☐ Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc.)
Appendix 4 – Sample Risk Assessments

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

| 1. Category A Worker – If any boxes ticked in i OR ii, Go to Part 2 for further categorisation |
|----------------------------------|-------------------------------------------------|
| i - Direct Physical contact with: | ☒ patients/clients                                |
|                                   | ☐ deceased persons, body parts                    |
|                                   | ☐ 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: | ☐ 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. |
|                                   | ☒ 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 | ☐ associated community settings whose usual clients include transplant, or oncology/haematology patients or other high risk groups |
|                               | ☐ 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 |
|                               | ☐ posted to or predominately work in Category A High Risk clinical areas |
| ii - High Risk clinical areas | ☐ Residential aged care facilities and other facilities caring for older people (particularly if non-vaccinated or immunocompromised). |
|                               | ☐ Emergency Departments |
|                               | ☐ Intensive Care Units |
|                               | ☐ Transplant and Oncology/Haematology wards and units and home based services |
|                               | ☐ Pre-natal maternity units and clinics |
|                               | ☐ Other - |

<table>
<thead>
<tr>
<th>3. Category B Workers - COVID-19 Vaccination is recommended.</th>
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<td>Applies to workers who:</td>
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Outcome – Category A worker. COVID-19 Vaccination is of importance.
If vaccination is not accepted all other risk mitigation options must be considered including temporary redeployment. This must take into consideration the feasibility of maintaining service if the person is redeployed.
Sample 2 - Staff Nurse on an Oncology ward

1. Category A Worker – If any boxes are ticked in i OR ii, Go to Part 2 for further Categorization

| i - Direct Physical contact with: | |
| ☒ patients/clients | |
| ☒ deceased persons, body parts | |
| ☒ 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: | |
| ☒ 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. | |
| ☒ Normal work location is a clinical area such as a ward, outpatient clinic (including, for example wardclerks 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 | |
| ☒ associated community settings whose usual clients include infants, pregnant women, transplant, or oncology/haematology patients | |
| ☐ 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 | |
| ☒ posted to or predominately work in Category A High Risk clinical areas | |

| ii - High Risk clinical areas | |
| ☐ Residential aged care facilities and other facilities caring for older people. | |
| ☐ Emergency Departments | |
| ☐ Intensive Care Units | |
| ☒ Transplant and Oncology/Haematology wards and units and home based services | |
| ☐ Pre-natal maternity units and clinics | |
| ☐ Other - | |

3. Category B Workers - COVID-19 Vaccination is recommended.

Applies to workers who:

| ☐ Do not work with high risk client groups or in the high-risk clinical areas listed above | |
| ☐ Have no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these. | |
| ☐ 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 | |
| ☐ 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. | |
| ☐ Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria etc. | |

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.
Appendix 5 - COVID-19 Vaccination Status Form

<table>
<thead>
<tr>
<th>Healthcare Workers Name:</th>
<th>Job title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work location:</td>
<td>Manager:</td>
</tr>
<tr>
<td>Assessment Date:</td>
<td>Healthcare Worker Category:</td>
</tr>
</tbody>
</table>


   YES ☐ NO ☐

4. I have been fully vaccinated against COVID-19 including booster vaccinated if recommended  

   YES ☐ NO ☐

5. I have been fully vaccinated against COVID-19 but have not yet had booster vaccination  

   YES ☐ NO ☐

6. I have been partially vaccinated against COVID-19 and waiting to complete  

   YES ☐ NO ☐

7. 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

8. I have been advised of the risks to myself, patients and/or others associated with my vaccination status.  

   YES ☐ NO ☐

9. 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 ☐

10. I understand that vaccination remains available to me if I change their mind or if my circumstances change  

    YES ☐ NO ☐

11. 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

<table>
<thead>
<tr>
<th>Healthcare Worker Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Manager Signature:</td>
<td>Date:</td>
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</table>

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: ☐
Appendix 6 – Audit tool

Name of Department/Service: ________________________________

Department Managers name: ________________________________

Date of Audit: ________________________________

<table>
<thead>
<tr>
<th>Audit on the Implementation of the Risk Assessment for COVID-19 Vaccination in Healthcare Workers</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comment/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
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<tr>
<td>2. Have all Healthcare Workers in Category A High Risk Area positions informed the line manager of their vaccination status?</td>
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<tr>
<td>4. Where a possible medical contraindication has been identified have Healthcare Workers in Category A High Risk Area positions been referred to Occupational Health?</td>
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<tr>
<td>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?</td>
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<td></td>
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<tr>
<td>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.</td>
<td></td>
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</tbody>
</table>

Auditor Name: ________________________________

Auditor Signature: ________________________________