Interpretation of the HSE Occupational Health *'Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services'* Guidance Document in the Cancer Services

Current events surrounding the COVID-19 pandemic are challenging and all public health bodies are placing the safety of patients, staff and communities first in all decisions.

This is an evolving situation. This advice is based on current information, it is additional to the advice of the NPHET, the HSE and the DoH, and will be updated as necessary.

The NCCP acknowledges that each hospital is working under individual constraints, including staff and infrastructure, and as a result will implement this advice based on their own unique circumstances.

The purpose of this advice is to maximise the safety of patients and make the best use of HSE resources, while protecting staff from infection. It will also enable services to match the capacity for cancer care to patient needs if services become limited due to the COVID-19 pandemic.

Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment.

COVID-19 vaccination is now available and is being rolled out to priority groups as agreed nationally. More information on the vaccine and its roll-out is available online from the HSE here: https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/getting-covid-19-vaccine.html

Information for cancer healthcare professionals on vaccinations for adult patients with cancer is available on the NCCP website at: https://www.hse.ie/eng/services/list/5/cancer/profinfo/covid-19.html.

Receipt of the vaccine (in either healthcare workers or their patients) does not eliminate the need to use appropriate PPE and to adhere to public health advice in relation to COVID-19.

1 NPHET, HSE and DoH advice

Hospitals will operate under the overarching advice of the National Public Health Emergency Team (NPHET), the HSE and the DoH. Information is available at:

- HSE HPSC - https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/
- HSE Coronavirus (COVID-19) - https://www2.hse.ie/conditions/coronavirus/coronavirus.html
- DoH Coronavirus (COVID-19) - https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/

The NCCP has defined a number of principles to underpin the delivery of cancer care, where this needs to be delivered outside of cancer centres or the usual designated place of care. These are outlined on the NCCP website at:
https://www.hse.ie/eng/services/list/5/cancer/proinfo/covid-19.html

2 Interpretation of the HSE Occupational Health 'Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services' guidance document in the cancer services

The HSE Occupational Health *Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services* guidance document, originally issued on 22nd March 2020, was updated on 11th January 2021. The updated guidance allows for healthcare workers (HCW) who are **household close contacts**[1] of COVID-19 to work before the completion of 14 days of restricted movements where staffing is **severely impacted**. Given the increased risk specific for close contacts of household cases, the Guidance was further updated on 19th January 2021, with the addition of an extra approval level for derogation of these HCWs. As for all HCWs, **only** senior management can make the decision to derogate a HCW based on a risk assessment, **however this decision must now be approved by the Office of the National Director of Acute Operations or the Office of the National Director of Community Operations.**

In order for a derogation for any HCW who is a close contact of COVID-19 to be applied, senior managers should ensure that:

1. A detailed local risk assessment is undertaken in relation to the risk to patient safety due to absences of essential HCWs. This process should include an assessment of available personnel who can be redeployed within the service.
2. All efforts have been made to recruit alternative HCWs with the necessary skills

If, despite these actions, an area cannot be staffed safely or a critical skill set to provide critical/essential services is unavailable, then derogation from senior management may be given to HCW from the identified critical services to return to the workplace and Occupational Health will be notified. As outlined above, **only** senior management can make the decision to derogate a HCW based on a risk assessment, and this decision must now be approved by the Office of the National Director of Acute Operations or the Office of the National Director of Community Operations. The full guidance, including the draft risk assessment can be found here Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services.

Specific criteria must be met in order to mitigate the risk associated with derogating a HCW who is a close contact of COVID-19. All derogated HCWs must have a 'not detected' SARS-CoV-2 test result immediately prior to returning to the workplace (if immediate return is required, then Day 0 testing must be carried out); for close contacts who are derogated, COVID testing will also be carried out on

[1] Household contacts are defined in the '*National Interim Guidelines for Public Health management of contacts of cases of COVID-19*' as people 'living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners'.

Day 5 and Day 10 as per national guidance, with exit from restricted movements if the Day 10 test is reported as 'not detected'; ongoing close contact with the confirmed case of COVID-19 must be avoided; the derogated staff member must be actively monitored twice daily by their line manager/designate, as per the general derogation recommendations, and must report any symptom development immediately.

The updated guidance is intended to ameliorate the pressure on the health service caused by a combination of increased demand due to high rates of COVID-19 in the community, and staff shortages due to staff members developing COVID-19 or being identified as close contacts. There is a degree of clinical risk associated with derogation of staff members who are household contacts of COVID-19, and the guidance should be applied on a case-by-case basis, with careful consideration of the associated benefits and risks in each unique scenario.

In the cancer services, the updated guidance allows for staff members who are household close contacts of COVID-19 and who are delivering a critical cancer treatment and are otherwise irreplaceable (e.g. a radiation therapist) to work before the completion of 14 days of restricted movements since last contact with the confirmed case of COVID-19. A wide range of cancer services, including systemic anti-cancer therapy (SACT), radiation therapy and surgery, is delivered in the acute setting, with a unique set of context-specific risks to consider in each scenario. Additionally, the risk profile of patients and staff will vary across clinical settings and according to the services offered. Therefore, it is essential that the updated staff derogation guidelines are applied with caution, on a case-by-case basis and informed by a detailed local risk assessment which considers the context-specific risks and benefits of derogating a staff member who is a household contact of COVID-19. If a decision is made to derogate a staff member, the following stipulations must be rigorously adhered to:

- It is essential that ongoing close contact with the confirmed case of COVID-19 is avoided (e.g. confirmed case should rigorously adhere to self-isolation guidance in the household). Where close contact cannot be avoided, e.g. HCW is providing personal care to the confirmed case of COVID-19 in the home, a derogation to work cannot be considered.

- All derogated HCWs must have a 'not detected'/negative COVID-19 test immediately prior to returning to the workplace (if immediate return is required, then Day 0 testing must be carried out).

- The derogated HCW can return to the workplace if they remain asymptomatic and the Day 0 test result shows SARS-CoV-2 not detected. The staff member should continue to follow public health advice on restricting their movements outside of the workplace and monitoring for symptom development at all times.

- Infection prevention and control guidance should be rigorously implemented within the workplace to minimise any potential exposure of patients or other healthcare staff.

- Particular attention should be paid to plans for derogated HCW rest periods/breaks, to ensure no contact with others.

- Derogated HCW should be actively monitored for symptoms of COVID-19 twice daily, as per the general derogation recommendations, and should report any symptom development immediately.
- For derogated HCWs who are close contacts of COVID-19, SARS-CoV-2 testing will be repeated on Day 5 and Day 10 as per national guidance, with exit from restricted movements if the Day 10 test is reported as SARS-CoV-2 not detected. The derogation is no longer required following confirmation of a 'not detected' day 10 PCR test.
- The need for additional precautions after day 10 should be discussed with occupational health on a case-by-case basis.

  Note, the peak incubation period for SARS-CoV-2 is 5-6 days post exposure, the 95th percentile is at 11-12 days (https://bmjopen.bmj.com/content/10/8/e039652) and the maximum incubation period is still considered to be 14 days.

The above guidance should be followed in consultation with your local occupational health service. Current HSE Occupational Health Guidance in relation to Covid-19 can be found at:

https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/

Queries on the HSE Workplace Health & Wellbeing Unit's COVID-19 guideline documents may be referred to hr.wellbeing@hse.ie or the HCW helpline t: 1850 420 420

Last updated 27.01.2020