
	<h2 style="text-align: center;">Guideline Document</h2>				
<b>Ref: GD:08:16</b>	<b>Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services</b>				
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<b>Responsibility for Implementation:</b>	<b>Healthcare Services Management</b>				

<b>Updates in version 16:</b>	
Introduction Appendix 1	Specified derogation cannot be applied to HCWs who are self-isolating following travel from a country with a COVID-19 'Variant of Concern' or who has been identified as confirmed Close Contacts with suspected or confirmed cases with a <a href="#">'Variant of Concern'</a>
2	Changed testing to day 0 from day 5
3 Appendix 3	Changed terminology from 'SARS-CoV-2 variants with multiple spike protein mutations' to COVID-19 'Variants of Concern'
Appendix 1	Updated advice for HCW re exiting restricted movement with confirmed Day 10 test 'not detected. 1 – updated 'advice for HCW' for HCWs with 'Variant of concern' 6 - Added new line for 'variants of concern'
Appendix 2	Added to checklist: HCWs Close Contacts with suspected or confirmed cases with a 'variant of concern' must self isolate and cannot be derogated

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## 1. Introduction

This document refers to HCWs who are restricting their movements due to, for example, close contact with a COVID-19 case and who have been identified as essential to critical service needs. It also refers to 'essential' HCWs entering the Island of Ireland. Derogation cannot be applied to HCWs who are self-isolating following travel from a country with a COVID-19 'Variant of Concern' or who has been identified as confirmed Close Contacts with suspected or confirmed cases with a ['Variant of Concern'](#).

Many areas are experiencing a shortage of HCWs as a result of COVID-19 and the requirement for HCW to restrict movements. This measure is in place to mitigate the risks in the direct provision of services for patient in critical areas within services while also ensuring on-going staff safety.

Given the on-going risk of infection, it is appropriate that senior management are the decision makers regarding the need to derogate a HCW, following risk assessment.

Specifically for HCW's who are close contacts of **Household cases**, derogation must only be used in **exceptional circumstances** given the inherent risks. This decision to derogate must be escalated to the Office of the National Director of Acute Operations or the Office of the National Director of Community Operations for final approval.

## 2. Process for Derogation of HCWs on Restricted Movement

- 2.1. The Healthcare Workers (HCWs) who may receive a derogation to return to work on monitoring are outlined in Appendix 1.
- 2.2. Senior managers should ensure the following process as per checklists – Appendices 2 & 3.
  - A detailed local risk assessment is to be 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.
  - All efforts have been made to recruit alternative HCWs with the necessary skills.
- 2.3. 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.
- 2.4. For workplace close contact HCWs, consideration must be given to the fact that, if unprotected close contact involved aerosol generating procedures, then the HCW would have a higher risk of exposure to COVID-19. HCWs whose contact did not involve AGPs should be returned first where possible.
- 2.5. For workplace close contact HCWs the senior manager needs to carry out a risk assessment, to identify the level of risk, which may be higher due to AGP exposure or other high risk exposures, such as multiple exposures in a cluster. The control measures to manage this risk should be outlined for all relevant HCWs and local risk identification and relevant control measures must be considered. See Appendix 4–Risk Assessment with possible control measures.
- 2.6. HCWs **may only** be derogated if they are a close contact of a suspected or confirmed case in their home (household contacts) **in very exceptional circumstances** and only where staffing levels are severely impacted. Approval from these derogations must be received from the Office of the National Director of Acute Operations or the Office of the National Director of Community Operations as appropriate and the name of the approver recorded on the

'Derogation Checklist for Senior Manager' – Appendix 2. 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'.

- 2.7. All derogated HCWs must have a negative test immediately prior to returning to the workplace. For example, if immediate return is required, then Day 0 testing must be carried out. For close contacts who are derogated, testing will also be carried out on Day 0 and Day 10 as per national guidance. The derogation is no longer required following confirmation of a negative day 10 PCR test.
- 2.8. In the event a derogation is made, the HCW will be actively monitored twice daily by their line manager/designate (to include temperature check, which must be < 37.5°C), once prior to starting their shift and at one point during their shift.
- 2.9. Occupational Health must be informed of HCWs requiring active monitoring only. Daily active monitoring will also be carried out by Occupational Health for these HCWs, usually via daily text message system.
- 2.10. HCWs who had symptoms, but did not fit the criteria of a suspect case, were not tested and are now at least 48 hours symptom free, may return to work without derogation. These HCWs can return to work on while self-monitoring for symptoms. The manager must advise them of this requirement prior to their return. There is no requirement to inform Occupational Health.
- 2.11. Derogated HCWs requiring 'Active Monitoring' must be issued with leaflets for 'Essential Healthcare Worker on Active Monitoring' available at <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>. All HCWs will be under strict instructions from their manager to self-isolate and follow OH guidance for testing should they become symptomatic.
- 2.12. If asymptomatic HCWs are tested and the results are 'indeterminate', the HCW can remain at work, if continues to be asymptomatic, but urgent retest may be arranged if appropriate. This decision lies with the clinician who ordered the test. If a retest is clinically required then twice daily active monitoring by the HCWs manager is required. This does not require derogation or risk assessment.

### 3. Derogation by Senior Management Following Entry to the Island of Ireland

- 3.1. All HCWs must adhere to Government guidelines on restricted movement, self-isolation and testing following travel - <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>
- 3.2. Specific advice regarding self-isolation and restricted movement post travel from countries with COVID-19 'Variants of Concern' must be adhered to. Currently, these are South Africa, Brazil and category 2 countries. See <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/sars-cov-2variantsofconcern/> for details.
- 3.3. HCWs who are required to restrict movement or self-isolate following travel cannot return to the workplace.
- 3.4. Restricted movement will not be required, for HCWs travelling from 'Green List Countries'. These HCWs do not require derogation to work. Information on Green List Countries is available at <https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement>
- 3.5. However if these HCWs have worked in healthcare within 14 days prior to entering the island of Ireland, they must complete the 'Covid 19 Testing Protocol for HCWs Moving to a Different Service' - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>
- 3.6. HSE HCWs travelling from all other countries **MUST remain out of the workplace for 14 days**. These HCWs should otherwise adhere to government guidelines for restricted

movement or self isolation following travel specific to that country – See <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>

- 3.7. If a HCW has travelled to a non-green-list country for ‘imperative family or business reasons’ (as per <https://www.gov.ie/en/publication/8318d-eu-council-recommendation-and-travel-for-an-essential-purpose/>), they must adhere to Government guidelines re restricted movement, self isolation and testing.
- 3.8. If a HCW, who is required to restrict movement, travels to Ireland for essential work and this expertise is not available locally, Senior Management may derogate this worker to work within the service, with twice daily active monitoring by the line manager, for the duration of the period of restricted movement.
- 3.9. This derogation can be applied to
  - New-entry HCW coming from outside the island of Ireland with specialist expertise that is critical to services
  - Visiting HCW providing a specific essential service.
  - Existing HCW who travelled to provide an essential service outside the island of Ireland and is critical to services
- 3.10. Those travelling from countries with additional restrictions, due to COVID-19 ‘Variants of Concern’, and who are required to **self-isolate** on entry to the country **cannot** be derogated during the period of self isolation.
- 3.11. Where derogation is allowed the Senior Manager must complete the ‘Derogation Checklist for HCW Entering the Island of Ireland’ – see Appendix 3.
- 3.12. Occupational Health must be informed by the line manager. Daily active monitoring will also be carried out by Occupational Health for these HCWs, usually via daily text message system.
- 3.13. The HCW will need to follow public health advice regarding restricted movement when not conducting their work.

#### 4. Impact of COVID-19 Vaccination on Derogation

- 4.1. There is evidence that the COVID-19 vaccines are efficacious in preventing symptomatic infection but there is an absence of clear evidence regarding onward transmission.
- 4.2. Healthcare workers who are close contacts and have completed the full COVID-19 vaccination course and the vaccine-specific time period to achieve full immunity (as per the licensed indications) can be considered for derogation from restricted movements, in preference over other HCWs.
- 4.3. Currently, this is limited to those vaccinated within the two months from when vaccine immunity is reached, given the current maximum follow-up data for the licensed vaccines.
- 4.4. Eligibility for derogation may still only be considered for healthcare workers who have been identified as essential to maintaining critical services and following a risk-based assessment by senior management.
- 4.5. The process of testing and active monitoring is unchanged as per section 2.

## 5. References/Useful Links:

Health Services Executive (2020). *Risk Assessment of Healthcare Workers with Potential Workplace Exposure to Covid-19 Case*. Available at: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/> Last accessed 20th Nov 2020.

Health Services Executive. (2020). *Leaflets for Essential HCWs Returning to Work on Active/Passive Monitoring*. Available at: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/> Last accessed 11 Jan 2021.

*COVID-19 Testing Protocol for Healthcare Workers Moving to a Different Service*. Available: <https://www.hse.ie/eng/staff/workplace-health-andwellbeing-unit/covid-19-guidance/>. Last accessed 20th Nov 2020.

Health Protection Surveillance Centre. (2020). *Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19*. Available: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>. Last accessed 11<sup>th</sup> Jan 2021.

Health Protection Surveillance Centre. (2020). *Aerosol Generating Procedures*. Available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/aerosolgeneratingprocedures/>. Last accessed 18th Nov 2020.

Health Services Executive. (2020). *Telephone Assessment, Testing Pathway and Return to Work of Symptomatic Healthcare Workers*. Available at: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>. Last accessed 18th Jan 2021.

Government of Ireland. (2020). *COVID-19 Travel Advice*. Available at: <https://www.gov.ie/en/campaigns/75d92-covid-19-travel-advice/>. Last accessed 18<sup>th</sup> Jan 2021.

Government of Ireland. (2020). *EU Council Recommendation and travel for an Essential Purpose*. Available at: <https://www.gov.ie/en/publication/8318d-eu-council-recommendation-and-travel-for-an-essential-purpose/>. Last accessed 18<sup>th</sup> Jan 2021.

Health Information & Quality Authority. (2021). *Advice to the National Public Health Emergency Team: Derogation of healthcare workers, who are deemed close contacts, from restricted movements following COVID-19 vaccination*. Available: <https://www.higa.ie/reports-and-publications/health-technology-assessment/derogation-vaccinated-healthcare-workers>. Last accessed 27th Jan 2021.

Health Protection Surveillance Centre. (2021). *SARS-CoV-2 Variants of Concern*. Available: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/sars-cov-2variantsofconcern/>. Last accessed 10th Mar 2021.

**6. Appendix 1 – Healthcare Workers Considered for Derogation (Does not apply to applied to HCWs who are self-isolating due to travel from Brazil, South Africa or category 2 countries or Close Contacts with suspected or confirmed cases with a ‘variant of concern’.**

Type	Status	Advice for HCW	Derogation from Senior Mgt as ‘Essential’ HCW	Monitoring required following derogation*
1.	Symptomatic or Asymptomatic HCWS with a Positive COVID 19 Test Result.	Must self-isolate 10 days from the onset of their symptoms or the date of test (14 days if a ‘Variant of Concern’ <b>VOC</b> ). If asymptomatic at time of test and symptoms develop during 10 days self-isolation, they must self-isolate for 10 days from the date symptoms began. May RTW after 10 days self-isolation <b>AND</b> <ul style="list-style-type: none"> <li>• Must be without fever for 5 days before RTW <b>AND</b></li> <li>• Must be medically well before RTW.</li> </ul>	Not an option.	Not applicable.
2.	Symptomatic HCWS with a Negative COVID 19 Test Result who: <ul style="list-style-type: none"> <li>• Are not returning from overseas</li> <li>• Are not close contacts of a confirmed case (household, community or work)</li> </ul>	May RTW once asymptomatic for > 48 hours.	Not required or indicated	Not Required.
3.	Symptomatic HCWS who do not fit the COVID 19 criteria for testing.	HCW may RTW once asymptomatic for > 48 hours	Not required	<b>Self-monitor</b> for symptoms. The HCW will self- isolate if symptoms develop.
4.	Asymptomatic HCWs who are Close Contacts of a Confirmed COVID 19 Case - healthcare or community, <b>but NOT household</b>	Must Restrict Movement until confirmed Day 10 test ‘not detected’.	With derogation as an Essential HCW from management, the HCW may RTW if asymptomatic	<b>Active monitoring</b> twice daily by manager and daily by Occupational Health
5.	(a) Household contacts - positive Covid 19 test result (b) Symptomatic household contacts - awaiting test/results	(a) Must Restrict Movement until day 10 test confirmed ‘not detected’. (b) Must restrict movement until household contact swab result indicates ‘not detected’ result	With derogation as an Essential HCW from management, the HCW may RTW if asymptomatic	<b>Active monitoring</b> twice daily by manager and daily by Occupational Health
6.	Close contacts - ‘Variant of Concern’ case Travel from VOC Category 2 country	Self isolate for 14 days	Not an option.	Not applicable.
7.	HCWs with symptomatic household contacts who don’t fit criteria for testing or have tested negative.	May continue at work if asymptomatic	Not required	Not required
8.	Asymptomatic HCW with indeterminate results	Clinical decision to retest. If retest, may work while results awaited	No derogation required	<b>Active monitoring</b> twice daily by manager
9.	Travelling from overseas to provide an ‘Essential Service’	Must remain out of the workplace for 14 days, unless from ‘Green List Country’.	Derogation by <b>Senior Management if not self-isolating</b>	<b>Active monitoring</b> twice daily by manager and daily by Occ Health

## 7. Appendix 2 - Derogation Checklist for Senior Manager

Service: _____	Unit: _____
Senior Manager Name: _____	Job Title: _____
Senior Manager Email: _____	
Employee Name: _____ Job Title: _____	
Date of Birth: _____ Employee No: _____ Mobile No: _____	
Date Commence Restricted Movement: _____	
Reason for Restricted Movement (Type 3 – 5): _____	
Date last Contact: _____ Employee Email: _____	

<b>Risk Assessment for the Derogation of a Healthcare Worker on <u>Restricted Movement</u> to Return to work</b> <b>HCWs who are Close Contacts with suspected or confirmed cases with a ‘variant of concern’ must self isolate and cannot be derogated</b>	
Are there other available HCWs from non-essential services who may be redeployed for this role:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can efforts be made to reduce capacity in non-essential services, allowing redeployment of another HCW to this role:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have efforts have been made to recruit alternative HCWs with the necessary skills	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this HCW role critical to ensure essential services continue	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this HCW a Healthcare related Close Contact:	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. Was their contact during Aerosol Generating Procedures: 2. Did they have contact with multiple index cases:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Yes to either 1 or 2 indicates an increased risk. Carry out further risk assessment for control measures to manage this risk. If the HCW is a household close contact they MAY NOT be derogated.</i>	
Can you manage twice daily active monitoring if required	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Decision for the Derogation of the Healthcare Worker</u></b>	
<b>Based on the risk assessment this HCW can return to work on a derogation: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>I will ensure that the appropriate monitoring is carried out in line with the Guidance for the 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’.</b>	
Senior Manager Signature: _____	Date: _____
Period for Derogation: _____ to _____	
<b>HCW is a Household Close Contact – Mandatory approval for derogation must be obtained:</b> <b>Name from Director of Acute/Community Operations providing approval: _____</b>	



### 8. Appendix 3 - Derogation Checklist for HCW Entering Island of Ireland - Senior Manager

Service: _____	Unit: _____
Senior Manager Name: _____	Job Title: _____
Senior Manager Email: _____	

Employee Name: _____	Job Title: _____
Date of Birth: _____	Employee No: _____
Mobile No: _____	
Date Entering Ireland: _____	
Date Restricted Movement Ends _____	

<b>Risk Assessment for the Derogation of a Healthcare Worker <u>Restricting Movement</u> Due to Travel into the Island of Ireland from a country not on the 'Green list'</b> <b>HCWs travelling from countries that require <u>self-isolation</u> on arrival, due to COVID-19 variants of concern may NOT be considered for derogation</b>	
Are there other available HCWs from other services who may be redeployed for this role for the duration of restricted movement:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can efforts be made to reduce capacity in non-essential services, allowing redeployment of another HCW to this role for the duration of restricted movement:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the HCW had known close contact with confirmed COVID-19 cases in the 14 days prior to travel	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the HCW aware they must restrict movement outside of work hours until 14 days post entry to Ireland or that they must self-isolate immediately at work if they develop COVID-19 symptoms	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Decision for the Derogation of the Healthcare Worker</u></b>	
<b>Based on the risk assessment this HCW can return to work on a derogation: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<p>I will ensure that the appropriate monitoring is carried out in line with the Guidance for the Derogation for the return to work of Healthcare Workers (HCW) who have been advised to restrict movement BUT are identified as essential for critical services'.</p>	
<p>I will provide the HCW with a Returning from Travel &amp; New Entry Healthcare Worker Information leaflet prior to travel – See <a href="https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/">https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/</a></p>	
Senior Manager Signature: _____	Date: _____
Period for Derogation: _____ to _____	

## 9. Appendix 4 – Sample Risk Assessment

Risk Assessment of Healthcare Workers on Restricted Movement for Derogation to Return to Work				
<b>Division:</b>		<b>Source of Risk:</b>		
<b>HG/CHO/NAS/Function:</b>		<b>Primary Impact Category:</b>		
<b>Hospital Site/Service:</b>		<b>Risk Type:</b>		
<b>Dept/Service Site:</b>		<b>Name of Risk Owner (BLOCKS):</b>		
<b>Date of Assessment:</b>		<b>Signature of Risk Owner:</b>		
<b>Unique ID No:</b>		<b>Risk Co-Ordinator</b>		
		<b>*Risk Assessor (s):</b>		
**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
Confirmed close contact to patient /HCW with probable/confirmed COVID-19  Household close contact	Existing infection Prevention and Control measures  Social distancing	Active monitoring twice daily to include temperature check – first check at start of shift  Employee redeployed to reduce possible contact with patients or colleagues  Employee maintains distance of >1 meter from patients and HCW colleagues as far as is reasonably practicable  Where >1 meter distance cannot be maintained HCWs should limit contact as far as is reasonably practicable  Final approval for derogation	Line manager/designate Healthcare Worker  Office of Director of Acute/Community Operations	
INITIAL RISK		Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor
Per ECDC Guidelines		HIGH		
			Closed	