
	<b>Guideline Document</b>				
<b>Ref: GD:10:05</b>	<b>Guidance on Fitness for Work of Healthcare Workers in the Higher Risk Categories, including Pregnant Healthcare Workers</b>				
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<b>Responsibility for Implementation:</b>	<b>Healthcare Services Management</b>				

<b>Updates in Version 10:05</b>	
All	Full update to Guidance for High/Higher Risk/Pregnant Healthcare Workers



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## 1. Introduction

Healthcare workers (HCWs) who were previously considered in the “High” and “Very High” risk categories may have been advised to work remotely during the COVID-19 pandemic.

As the pandemic progresses and evidence emerges, coupled with the success of the national vaccination programme, and the Work Safely Protocol, individualised advice has become available, allowing many of these “High” and “Very High” HCWs to return to the workplace and/or clinical duties.

Healthcare Facilities’ risk mitigation measures remain important and include Infection Prevention and Control (IPC) measures, workplace Risk Assessments, Contact Tracing and Management, and point prevalence testing. The epidemiology of COVID-19 in Ireland has changed, with Healthcare Facilities accounting for a significantly lower proportion of outbreaks.

HCWs should be offered vaccination in accordance with National guidelines, including extended primary dosing as required, and booster vaccinations.

<https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/clinicalguidance.pdf>

In light of the above, the Covid-Age toolkit will no longer be used and a Covid Age range adjusted for immunity (CARAI) is no longer required.

HCWs previously considered in “High” and “Very High” risk categories should now be managed as per the steps outlined below.

Pregnant HCWs should now be managed as per the joint IOG/OH guidance (Appendix 1)

## 2. HCWs previously considered “High” and “Very High” risk

- 2.1. HCWs in the following groups can return to their substantive posts effective 01 March 2022:
- HCWs with no significant underlying health conditions who were previously deemed unfit for substantive post.
  - HCWs who are not immunocompromised due to a condition or therapeutic treatment / medication and who have not been advised to restrict social contact in the community by their treating Specialist.
- 2.2. The following will require referral to Occupational Health for further assessment. HCWs currently not in their substantive posts because of
- a) an elevated Covid Age range
  - b) previous advice from their treating specialist
  - c) previous advice from Occupational Health

AND one of these apply

- HCW has a condition or are taking therapeutic treatment or medication that would cause them to be immunocompromised or at risk of severe disease as advised by their Specialist OR defined as being in Tier 1, by their treating specialist - See <https://www.hse.ie/file-library/clinical-prioritisation-framework-therapeutics-for-covid->

- HCW has been advised to restrict social contact in the community by their treating Specialist.
- HCW has particular concerns about their health and work specifically in relation to COVID-19.

2.3. The Occupational Health assessment of these HCWs requires:

- Completed management referral.
- Letter from the HCWs treating specialist. This can be provided directly by the HCW to OH and should include
  - Underlying medical condition:
  - Current therapeutic treatment:
  - Tier level as per Clinical Prioritisation for Therapeutics Framework\*:
  - Opinion on HCWs vulnerability to COVID infection
- Evidence of vaccination, if vaccinated. The HCW is expected to bring relevant documentation regarding COVID vaccination to their assessment.
- Serological evidence of post COVID-19 vaccination antibody levels, if available.
- Evidence of previous Covid 19 infection, if relevant.

\*<https://www.hse.ie/file-library/clinical-prioritisation-framework-therapeutics-for-covid-19.pdf>

### 3. Outcome of the Occupational Health assessment

3.1. If the HCW is not deemed fit to return in person to the workplace, then consideration should be given to the provision of temporary 'alternative employment options' for the HCW, in line with the HSE Rehabilitation Policy: [www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/](http://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/).

3.2. Where alternative suitable roles are available, these will be on a temporary basis, until COVID-19 is no longer a significant risk in their substantive role. Possible temporary alternatives to consider maybe

- Relocation – Same job in an alternative location where risk assessment indicates control measures can be put in place.
- Change in tasks
- Change in role +/- retraining – Alternative roles such as office based role with required controls in place for physical distancing or ability to work from home.

3.3. If the HCW disagrees with the outcome of the Occupational Health assessment they may appeal and may be requested to provide further information e.g. specific documentation from their treating specialist.

### 4. Pregnant HCWs

4.1. The Workplace Health & Wellbeing Unit and OH Clinical Advisory Group, in collaboration with the Royal College of Physicians of Ireland, Institute of Obstetricians and Gynaecologists (IOG) have developed guidance and produced a joint statement on pregnant HCWs.

4.2. Pregnant HCWs should now be managed as per the joint IOG/OH guidance (Appendix 1). See appendix 2 for algorithm.

- COVID-19 vaccination is strongly recommended for all pregnant HCWs.
- All healthy vaccinated pregnant HCW can work in clinical settings.
- Healthy pregnant HCW who choose to be unvaccinated can choose to return to a clinical setting.

- Occupational Health Assessments are no longer routinely required for pregnant HCWs.
- All pregnant HCWs should have a Pregnancy Risk Assessment performed as usual by their manager.
- Pregnant HCWs should not, as far as is practicable, be routinely assigned to work with known or suspected COVID-19 cases.
- Pregnant HCW, whether they are vaccinated or not, with solid organ transplants and immunosuppressive conditions or treatments should be referred to OH.
- Pregnant workers, with specific health or work concerns should discuss those with their Specialist in Obstetrics and be referred to OH for assessment, during which formal advice from the treating Obstetrician will be reviewed.

## 5. HCWs returning to work in their substantive post in the workplace

- 5.1. HCW returning to work in their substantive post in the workplace must receive appropriate induction and training in relation to [Infection Prevention and Control Guidance](#) (IPC). This training must be completed, either prior to return, or as soon as possible on return to work.
- 5.2. A Risk Assessment for the Workplace should be completed by the HCWs manager.  
<https://healthservice.hse.ie/staff/benefits-services/health-and-safety/carrying-out-a-risk-assessment.html>

## 6. HCWs who cannot return to work in their substantive post in the workplace

- 6.1. HCW who cannot return to work in their substantive post in the workplace, and where no alternative roles or duties can be found, the manager must engage with the HCW and Human Resources (HR) to discuss possible solutions in accordance with the Rehabilitation Policy.  
[www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/](http://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/).
- 6.2. In these instances the Risk Assessment must be reviewed within 6 months, or earlier if there is new or emerging evidence, a change in the medical condition or treatment, or a change in the National Public Health guidance.

## 7. Advice and support during return to work phase

- 7.1. HCWs should be supported in their return to work by their manager and colleagues. They should be made aware of further supports available, such as the Employee Assistance Programme or their Occupational Health service. <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit>



## 8. References:

<https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html>

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/vaccination/covid-19vaccinationuptakereports/>

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Knight M, Bunch K, Vousden N, et al. Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study. Available: <https://www.bmj.com/content/369/bmj.m2107> BMJ 2020; 369:m2107. Last accessed 22 Nov 2020.

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Health Protection Surveillance Centre. (2021). COVID-19 - Guidance on the impact of vaccination on contact tracing. Available: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/>. Last accessed 6th May 2021.

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## 9. Appendix 1 - Joint Statement from IOG and WHWU



### Occupational Health Advice for employers and pregnant people working in a Health Care Setting, in the context of the lifting of restrictions for COVID-19.

**Joint Statement Institute of Obstetrics and Gynaecology and Workplace Health and Wellbeing Unit  
March 2022**

#### Context

Pregnant people are at no greater risk of contracting infection than their Healthcare Worker (HCW) colleagues but may be at greater risk of severe illness.

Severe COVID-19 and poor feto-maternal outcome is strongly associated with unvaccinated status. 95% of adults in Ireland are fully vaccinated. A large proportion of the population has additional natural immunity from recent COVID-19 infection.

Omicron, the current dominant circulating variant in Ireland may be milder than previous dominant variants.

As COVID-19 moves into endemic phase, pregnant people should not limit activities, including indoor events.

High risk pregnant workers were advised initially to work remotely. As the pandemic progressed and evidence emerged, coupled with the success of the national vaccination programme, and the Work Safely Protocol, individualised advice was available, allowing many pregnant HCW to return to the workplace and/or clinical duties safely.

The epidemiology of COVID-19 in Ireland has changed, with Healthcare Facilities accounting for a significantly lower proportion of outbreaks, and only 11.3% of infections in HCWs being attributed to their workplace.

#### Advice

- COVID-19 vaccination is strongly recommended for all pregnant HCWs.
- Pregnant HCWs should not, as far as is practicable, be routinely assigned to work with known or suspected COVID-19 cases
- Occupational Health Assessments are no longer routinely required for pregnant HCWs.
- All healthy vaccinated pregnant HCW can work in clinical settings
- All pregnant HCWs should have a Pregnancy Risk Assessment performed as usual by their manager
- Healthy pregnant HCW who choose to be unvaccinated can choose to return to a clinical setting.
- Pregnant HCW, whether they are vaccinated or not, with solid organ transplants and immunosuppressive conditions or treatments should be referred to OH.
- Pregnant workers, with specific health or work concerns should discuss those with their Specialist in Obstetrics and be referred to OH for assessment, during which formal advice from the treating Obstetrician will be reviewed.

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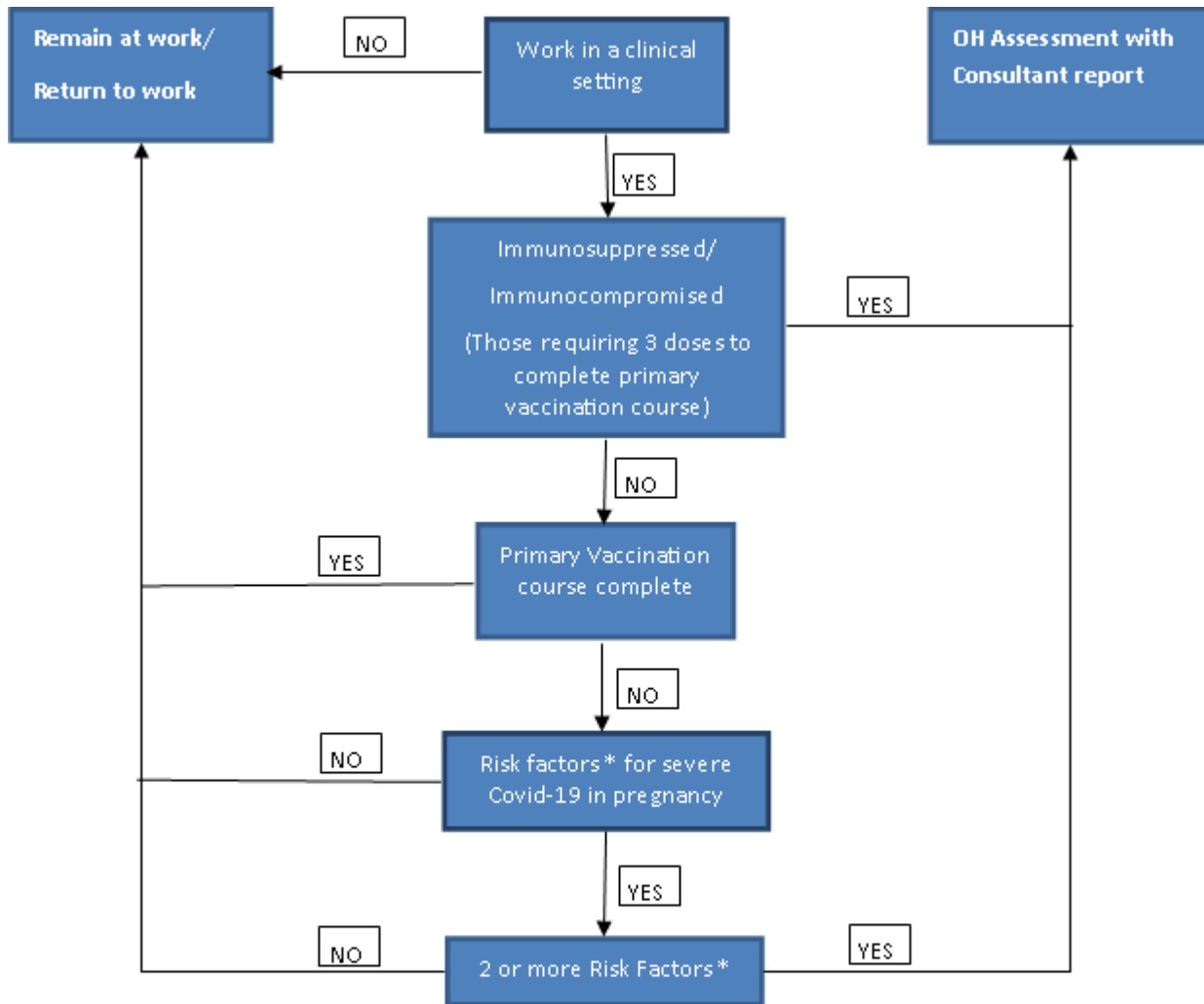
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Health Protection Surveillance Centre. Epidemiology of COVID-19 Outbreaks/Clusters in Ireland Weekly Report 1st February 2022. Available: [here](#). Last accessed 15.02.2022

Health Services Executive. Immunisation Guidelines Chapter 5a. Available: [here](#). Last accessed 15.02.2022



### 10. Appendix 2 – Algorithm for Pregnant HCW Occupational Health Assessment



\* BMI > 35; Diabetes Mellitus; Hypertension; Black, Asian and other ethnic minority groups;