Guideline Document

**Guidance on Fitness for Work of Healthcare Workers in the Higher Risk Categories, including Pregnant Healthcare Workers**

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<tr>
<td>Issue date</td>
<td>20th Jul 2020</td>
</tr>
<tr>
<td>Revised Date:</td>
<td>16th Apr 2021</td>
</tr>
<tr>
<td>Review date:</td>
<td>TBD</td>
</tr>
<tr>
<td>Author(s):</td>
<td>Workplace Health &amp; Wellbeing Unit</td>
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| Consultation With: | Clinical Advisory Group on COVID-19  
| Pandemic Infection Control Team (PICT) | Chief Clinical Officer |
| Institute of Obstetricians & Gynaecologists | |
| Responsibility for Implementation: | Healthcare Services Management |

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<td>Removed requirement of referral to OH for assessment: Reworded descriptors of HCWs from Black, Asian and other ethnic minority background Specified ‘pre-pregnancy’ BMI</td>
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1.0 Introduction

Certain people are more vulnerable to COVID-19 infection. See https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html for ‘High’ and ‘very high’ risk categories. These ‘High’ and ‘Very High Risk’ HCWs will be termed ‘At Risk’ for the purposes of this guidance.


These HCW can provide their manager with a letter from their treating specialist confirming their ‘Very High Risk HCW’ status. There is no requirement for Occupational Health input.

As transmission of the COVID-19 virus is continuing, and non-COVID services are reopening, we must consider how Healthcare Workers (HCWs) in the higher risk categories can safely return to the workplace. While these HCWs will be required to follow government advice on restrictions under the “Plan for Living with COVID 19”, assessment for their fitness to return to work can proceed. The overall process is outlined in Appendix 1.

The Government guidelines ‘Return to Work Safely Protocol - COVID-19 Specific National Protocol for Employers and Workers’, state 'if an ‘at risk’ or ‘vulnerable worker’ cannot work from home and must be in the workplace, employers must make sure that they are preferentially supported to maintain a physical distance of 2 metres. However, employers should enable vulnerable workers to work from home where possible’. Therefore, if the HCW is carrying out a role they can continue to provide from home, they must continue to do so.

This is interim guidance which will be updated as further research information becomes available and as COVID-19 vaccination is provided for at-risk HCWs.

2.0 Medical assessment of ‘At Risk’ Healthcare Workers.

2.1 ‘At Risk’ HCWs should be referred to Occupational Health for a medical opinion regarding fitness for work, using the management referral process.

2.2 The Occupational Health Service will carry out a fitness for work assessment based on the HCWS vulnerability, specialist information and any other available clinical evidence.

2.3 The Covid-Age toolkit, see Appendix 3, may be used as part the assessment process.

2.4 For HCWs on immunosuppression therapies, sufficient to significantly increase risk of infection, the ‘HSE COVID-19: Interim Clinical Guidance –Immunosuppressant Therapy’ can be referred to during clinical assessment.

2.5 Management will be informed of the outcome of the occupational health assessment.
3.0 Outcome of the medical assessment

3.1 If, following the occupational health assessment, the HCW is deemed fit to return to the workplace, management will be required to conduct an individual risk assessment in collaboration with the employee, taking into account the occupational health advice.

3.2 If the HCW is not deemed fit to return 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/.

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

- Relocation – Same job in an alternative location where risk assessment indicates control measures can be put in place.
- Change in tasks – Change or removal of higher risk 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.

3.4 If the HCW disagrees with the outcome of the occupational health assessment they may provide further information e.g. further documentation from treating specialist.

4.0 Individual Risk Assessment

4.1 Management should conduct an individual risk assessment in collaboration with the employee taking into account the occupational health advice and where necessary, modify the workplace to minimise the risk of infection as far as reasonably practicable.

4.2 Please refer to ‘Returning to the Workplace Safely Risk Assessment Prompt Sheet’, available on the HSE Health & Safety Risk Assessment website and click here for the HSE ‘General Risk Assessment Form’ and guidance on completing a risk assessment. See sample risk assessment is available in Appendix 2

4.3 Some considerations for the manager completing the risk assessment include, but are not limited to:

- Ability to maintain social distancing in the workplace
- Requirement for patient facing tasks
- Requirement for patient contact tasks
- Possibility of higher risk exposure, such as aerosol generating procedures

4.4 The manager must collaborate with the HCW in completing the risk assessment in order to identify all possible risks.

4.5 Where risk is identified then controls should be sought to reduce the risk in so far as is reasonably practicable.

4.6 The risk assessments must be held by the manager. If there is a change in the medical status of the HCW, if local work practices change or in the event of new or emerging evidence, and/or national guidance, this risk assessment may need to be reviewed and updated.
5.0 Pregnant HCWs

5.1 The Royal College of Physicians of Ireland’s, Institute of Obstetricians & Gynaecologists (IOG) have provided guidance for pregnant HCWs in the ‘Workforce Consideration’ section of the COVID19 Infection Guidance for Maternity Services.

5.2 Following updated research pregnant women are at no greater risk of contracting infection than their HCW colleagues but may be at greater risk of severe illness, as a result of COVID-19 infection. Currently the Irish data compares very favourably with the international experience and remains under constant review.

5.3 It is advised that pregnant HCWs will be defined as ‘High Risk’ or ‘Very High Risk’ HCWs, given the increased risk of exposure in healthcare. See https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html.

5.4 Pregnant HCWs, with no other risk factors, should be deemed High Risk and should work from home if possible

- Clinical work, care work and working closely with others may be possible where, and provision of controls (e.g. screens, PPE, testing of patients and staff) is effective in managing the risk.
- Pregnant HCWs in this category should not work with known or suspected COVID positive patients. If a HCW cannot carry out their substantive duties from home, a referral to OH should be made for assessment.

5.5 HCWs with ‘Very High Risk’ underlying health conditions must follow the government guidance for ‘extremely medically vulnerable’ people. See https://www.gov.ie/en/publication/923825-guidance-on-cocooning-to-protect-people-over-70-years-and-those-extr/. Very High Risk HCWs must work from home and cannot return to the workplace.

5.6 Pregnant HCWs with the following risk factors may also be defined as ‘Very High Risk’:

- Black, Asian and other ethnic minority backgrounds
- Being obese (Pre-pregnancy BMI >30)
- Pre-pregnancy co-morbidity, such as pre-existing diabetes and chronic hypertension
- Maternal age 35 or older
- Adverse social circumstances

5.7 Pregnant HCWs with other underlying health conditions or obstetric complications that could be negatively impacted by COVID 19 infection, may also be considered ‘Very High Risk’, subject to individual clinical risk assessment by the Occupational Health Physician, in consultation with the HCW’s Obstetrician or other Specialists involved in their care.

5.8 A workplace pregnancy risk assessment should be carried out by the line manager for all pregnant HCWs. See: https://healthservice.hse.ie/staff/benefits-services/health-and-safety/pregnant-employees-staying-safe-and-healthy-at-work.html.

5.9 Sections 2, 3 and 4 can be followed for pregnant HCWs in the High Risk category.

5.10 Vaccination against SARS-CoV-2 is not contraindicated in pregnancy and advice from the IOG and NIAC is available.

6.0 Vaccinated ‘At Risk’ HCWs

6.1 Evidence from international studies on vaccine efficacy in high risk or very high risk HCWs is being reviewed on an on-going basis.

6.2 The following HCWs will move from the ‘very high risk’ to the ‘high risk’ category

- HCW’s over 70 years who have completed mRNA vaccination* plus the specified period following vaccination to achieve immunity,
- HCWs with underlying conditions, who are not likely to be immunosuppressed and who have completed vaccination*, plus the specified period following vaccination to achieve immunity.

(*They have completed a COVID-19 vaccination and the specified interval following that vaccination to achieve immunity as per ‘Clinical Guidance for COVID-19 Vaccination’ (Duration of protection of COVID-19 vaccines)

6.3 As with those in the ‘high risk’ category, these HCWs should continue to work from home if possible. If they cannot work from home, they can return to work following medical assessment by Occupational Health and a risk assessment by management as per sections 2-4.

6.4 The return to work of vaccinated HCWs who are pregnant or who are immunosuppressed, will be decided as further evidence on vaccine efficacy becomes available.

7.0 HCW can return to work

7.1 If the HCW returns to work then they must receive appropriate induction and training in relation to Infection Prevention and Control Guidance (IPC) and local processes regarding social distancing, personal protective equipment and hand washing.

7.2 This training must be completed, either prior to return, or as soon as possible on return to work. Where online training is available and can be accessed by the HCW, this may be carried out prior to return.

7.3 Training in specific IPC requirements for the service is a priority on return to work.

8.0 HCW cannot return to work

8.1 Where, following the risk assessment process, the HCW cannot return to work, due to the on-going possible risk of Covid-19 infection, and where no alternative can be found, the manager must engage with the HCW and Human Resources (HR) to discuss possible solutions.

8.2 In these instances the risk assessment must be reviewed within 6 months or earlier, if there is new or emerging evidence, and/or national guidance.
9.0 Advice and support during return to work phase

9.1 It is important to encourage HCWs to seek guidance or support at any stage if they feel they need it.

9.2 The HCW should be supported in their return to work by their manager and colleagues.

9.3 They should be made aware of further supports available, such as the Employee Assistance programme or their Occupational Health service. See http://workwell.ie/contact-list/contact-your-local-employee-assistance-programme/

10.0 References:


11.0 Appendix 1: Algorithm for Return to Work of ‘At Risk’ HCWs during pandemic

At Risk’ HCW

Work from home possible

Work from home

Identify alternatives
- Relocation
- Change in tasks
- Change in role +/- Retraining

Manager to consider temporary redeployment

Occ Health assessment of fitness for work based on vulnerability and vaccination status

Not medically fit to return to work

Medically fit to return to work

No suitable alternatives identified

Manager engages with HCW and HR

Return to work with required controls in place. On-going review of Risk

Alternative allows risk to be controlled

Individual risk assessment by Manager

Risk cannot be controlled

Risk can be controlled

On-going review of Risk

Appendix 1:
Algorithm for Return to Work of ‘At Risk’ HCWs during pandemic
### Appendix 2: Risk Assessment

<table>
<thead>
<tr>
<th><strong>Hazard &amp; Risk Description</strong></th>
<th><strong>Existing Control Measures</strong></th>
<th><strong>Additional Controls Required</strong></th>
<th><strong>Action Owner</strong> (i.e. the Person responsible for the action)</th>
<th><strong>Due Date</strong></th>
</tr>
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<tbody>
<tr>
<td>Office work with possible public contact.</td>
<td>Hand hygiene facilities/Social distancing measures, Pre visit checks with patients, IPC requirements identified, IPC guidelines</td>
<td>Alternative position in office away from reception area with no public facing tasks, HCW induction to new processes and training in IPC requirements, Redeployment to lower risk non-Covid services</td>
<td>Line manager/designate Healthcare Worker</td>
<td></td>
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<tr>
<td>Visiting homes to provide direct patient care.</td>
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<tr>
<td>Patient facing in COVID-19 clinical areas.</td>
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<tr>
<th><strong>Initial Risk</strong></th>
<th><strong>Risk Status</strong></th>
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<tbody>
<tr>
<td>Likelihood</td>
<td>Impact</td>
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<tr>
<td>HIGH</td>
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**Source of Risk:**

**Primary Impact Category:**

**Risk Type:**

**Name of Risk Owner (BLOCKS):**

**Signature of Risk Owner:**

**Risk Co-Ordinator:**

**Risk Assessor(s):**

* * *
Appendix 3: Assessing ‘Vulnerability’ using ‘Covid-Age’

What is Covid-age?

Covid-Age is based on the available evidence on risk factors for mortality from the disease - see ‘Assessment of Workers’ Personal Vulnerability to COVID-19 Using “Covid-Age”’. [https://www.medrxiv.org/content/10.1101/2020.05.21.20108969v1.full.pdf](https://www.medrxiv.org/content/10.1101/2020.05.21.20108969v1.full.pdf)

Covid-age summarises vulnerability for combinations of risk factors including age, sex and ethnicity and various health problems. It works by “translating” the risk associated with each risk factor into years which are added to (or subtracted from) an individual’s actual age. This then gives a single overall measure of vulnerability. It can be used in people with no underlying medical conditions or multiple medical conditions. One measure combines all of an individual’s risk factors with their actual age.

Covid-age does not provide an exact measure, so when it is used to calculate vulnerability from medical conditions, and particularly multiple medical conditions, clinical judgement must also be used by a suitably qualified health professional. It is intended as part of an occupational health assessment of fitness for work. It is not intended for use in clinical treatment pathways. As stated by Coggan et al “Adopting a Covid Age approach to risk assessment does not remove the need for clinical judgement. There are other important considerations when managing occupational risks from Covid-19— including the practicability of different possible control measures, the personal value judgements of the individual worker, and prevailing advice from government.” As such, fitness for work assessment will be based on clinical assessment, specialist information and workplace/job variables.

Please note that as new evidence emerges risk factors are updated, see [https://alama.org.uk/covid-19-medical-risk-assessment/](https://alama.org.uk/covid-19-medical-risk-assessment/) for most up to date risk/vulnerability measures and online toolkit.
<table>
<thead>
<tr>
<th>Vulnerability Level</th>
<th>Definition</th>
<th>Workplace Considerations</th>
</tr>
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</table>
| **Very High**       | High risk of death if infection occurs | • Ideally work from home.  
• If attending work, the risk should not be significantly greater than the risk within their own home.  
• Ensure low likelihood of anyone breaching social distancing.  
• Ensure they can maintain good personal hygiene with low likelihood of contacting contaminated objects and surfaces.  
• Essentially unfit for any patient facing clinical work in either Covid-19 or non-Covid 19 care streams.  
• Unfit for duty in any public facing role.  
• Fit for duty in non-patient/public facing work where social distancing is unlikely to be breached and IPC recommendations particular to the role can be adhered to at all times.  
• This advice is subject to the outcome of the risk assessment conducted by management |
| **Covid-age 85+**   | High risk of becoming hospitalised and seriously ill if infection occurs. | |
| **High**            | High risk of becoming hospitalised and seriously ill if infection occurs. | • Keep the risk in the workplace as low as reasonably practicable by redeployment or controls including PPE.  
• Clinical work, care work and working closely with others (such as teaching, sharing a vehicle, using public transport) may be possible where testing of patients and staff, and provision of controls (e.g. screens, PPE) are effective in managing the risk.  
• Some individuals in essential roles may be asked to accept a higher risk and agree to do so where this can be justified. IPC recommendations particular to the role must be adhered to at all times.  
• This advice is subject to the outcome of the risk assessment conducted by management |
| **Covid-age 70 – 85 years** | High risk of becoming hospitalised and seriously ill if infection occurs. | |
| **Moderate**        | Those who are much less likely to develop severe disease if infection occurs | • A moderately increased risk of infection may be accepted where there are no reasonably practicable means of reducing it further.  
• Includes clinical work with higher hazard and risk levels, or roles where physical control or restraint is required, or where additional risk has to be accepted and can be justified.  
• IPC recommendations particular to the role must be adhered to at all times.  
• This advice is subject to the outcome of the risk assessment conducted by management |
<p>| <strong>Low</strong>             | Those who are very unlikely to develop | • Increased risk of infection may be accepted where there are no reasonably practicable means of reducing it further. |</p>
<table>
<thead>
<tr>
<th>Covid-age &lt; 50 years</th>
<th>serious disease if infection occurs</th>
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<tr>
<td></td>
<td>• Essentially for all clinical duty without restriction.</td>
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<td></td>
<td>• IPC recommendations particular to the role must be adhered to at all times.</td>
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<td></td>
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