



	<b>Guideline Document</b>				
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<b>Updates</b>	
<b>New Guidance</b>	



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## 1.0 Introduction

As transmission of the COVID-19 virus is reducing, and workplaces are reopening, we must consider how Healthcare Workers (HCWs) who have been cocooning can safely return to the workplace. These 'High' and 'Very High Risk' HCWs who have been required to cocoon will be termed 'At Risk' for the purposes of this guidance. For definitions of 'high' and 'very high' risk see <https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html>.

While these HCWs will be required to follow government advice on cocooning, assessment for their fitness to return to work can proceed, in preparation for the lifting of the current government restrictions. 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.

The need for selective exclusion/redeployment of vulnerable workers will depend on the likelihood of their contracting Covid-19 through their work (which will vary according to the job and the prevalence of infection in the local community), and on the extent of their personal vulnerability to severe illness should they get the disease.

## 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/](http://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](http://www.hse.ie/eng/health/safety/riskassessment/) 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 have provided guidance for pregnant HCWs in the 'Workforce Consideration' section of the [COVID19 Infection Guidance for Maternity Services](#).
- 5.2 A [pregnancy risk assessment](#) should be carried out by the line manager. Risk should be reduced as far as reasonably practicable.
- 5.3 IPC recommendations particular to the role must be adhered to at all times.
- 5.4 Pregnant health care workers should be allocated to patients, and duties, that have reduced exposure to patients with, or suspected to have, COVID-19 infection.
- 5.5 It is specifically recommended to avoid rostering pregnant staff to COVID-specific units or wards, and redeployment to lower risk duties should be considered.
- 5.6 Those pregnant staff who also have underlying medical conditions should discuss with their treating obstetrician as redeployment or working from home may be further advised.
- 5.7 The HSE's list of those who are considered vulnerable healthcare workers includes women who are pregnant with significant heart disease, congenital or acquired.

## 6.0 HCW can return to work

- 6.1 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.
- 6.2 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.
- 6.3 Training in specific IPC requirements for the service is a priority on return to work.

## 7.0 HCW cannot return to work

- 7.1 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.
- 7.2 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.



## 8.0 Advice and support during return to work phase

- 8.1 It is important to encourage HCWs to seek guidance or support at any stage if they feel they need it.
- 8.2 The HCW should be supported in their return to work by their manager and colleagues.
- 8.3 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/>

## 9.0 References:

Society of Occupational Medicine. (2020). *Covid-Age Online Toolkit*. Available: <https://www.som.org.uk/covid-age-online-toolkit>. Last accessed 17th Jun 2020.

Coggon, D; Croft, P; Cullinan, P; Williams, A;. (2020). *Assessment of Workers' Personal Vulnerability to COVID-19 Using "Covid-Age"*. . Available: <https://www.medrxiv.org/content/10.1101/2020.05.21.20108969v1.full.pdf>. Last accessed 26th Jun 2020.

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Department of Health. (2020). *Guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19*. Available: <https://www.gov.ie/en/publication/923825-guidance-on-cocooning-to-protect-people-over-70-years-and-those-extr/>. Last accessed 16<sup>th</sup> Jul 2020.

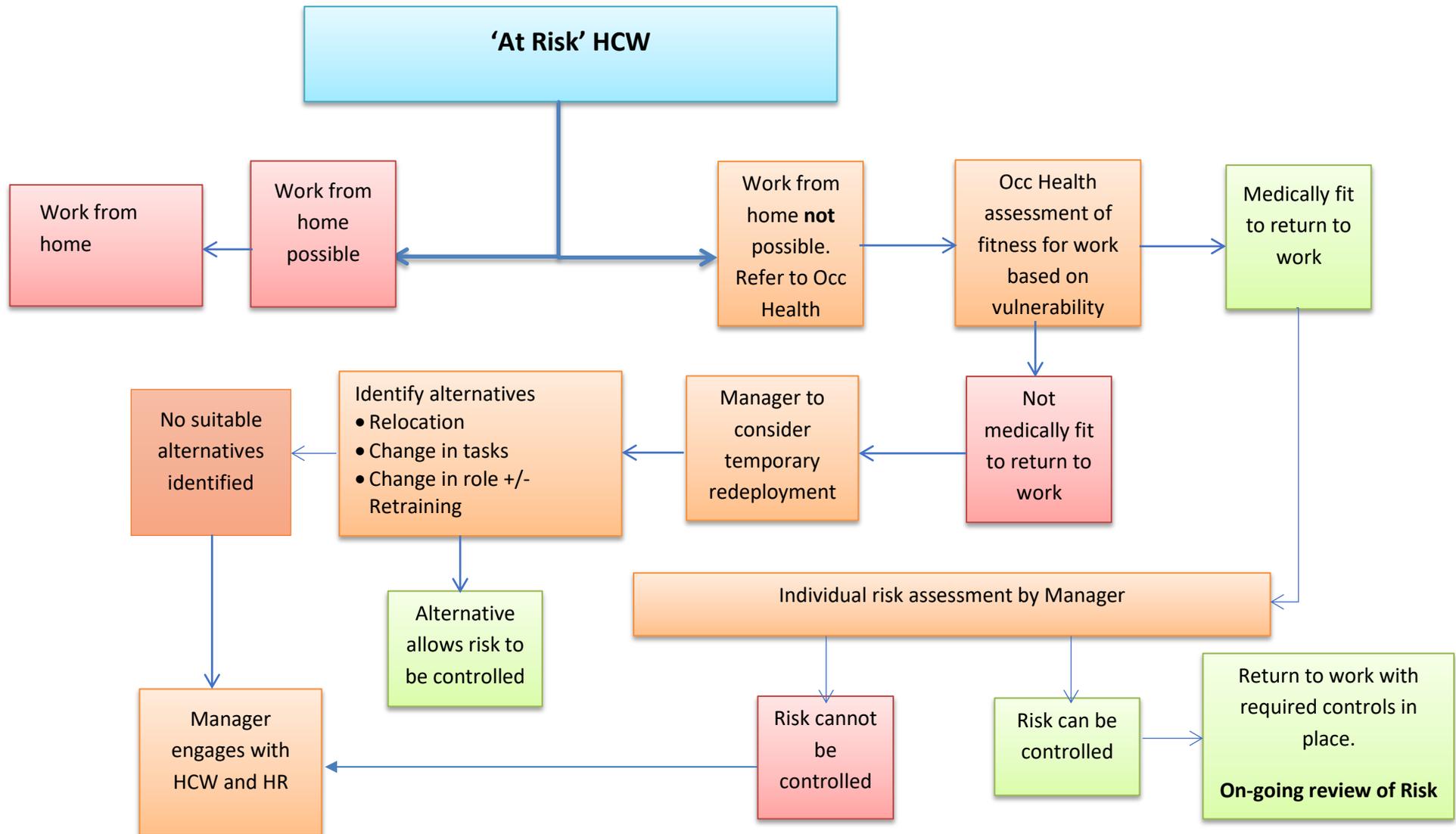
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### 10.0 Appendix 1: Algorithm for Return to Work of 'At Risk' HCWs during pandemic





**11.0 Appendix 2: Risk Assessment**

Risk Assessment of 'High Risk' Healthcare Workers				
Division:		Source of Risk:		
HG/CHO/NAS/Function:		Primary Impact Category:		
Hospital Site/Service:		Risk Type:		
Dept/Service Site:		Name of Risk Owner (BLOCKS):		
Date of Assessment:		Signature of Risk Owner:		
Unique ID No:		Risk Co-Ordinator		
		*Risk Assessor (s):		
**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
Office work with possible public contact.  Visiting homes to provide direct patient care  Patient facing in COVID-19 clinical areas	Hand hygiene facilities/Social distancing measures  Pre visit checks with patients, IPC requirements identified  IPC guidelines	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_	Line manager/designate Healthcare Worker	
INITIAL RISK		Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor
		HIGH		
				Closed



## 12.0 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>

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

The Society of Occupational Medicine provide access to an online toolkit - <https://www.som.org.uk/covid-age-online-toolkit>



Vulnerability Level	Workplace Considerations
<b>Very High.</b> <b>Covid-age 80+</b>	<ul style="list-style-type: none"> <li>• Ideally work from home.</li> <li>• If attending work, the risk should not be significantly greater than the risk within their own home.</li> <li>• Ensure low likelihood of anyone breaching social distancing.</li> <li>• Ensure they can maintain good personal hygiene with low likelihood of contacting contaminated objects and surfaces.</li> <li>• Essentially unfit for any patient facing clinical work in either Covid-19 or non-Covid 19 care streams.</li> <li>• Unfit for duty in any public facing role.</li> <li>• 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.</li> </ul>
<b>High.</b> <b>Covid-age 70 – 80</b> <b>Years</b>	<ul style="list-style-type: none"> <li>• May attend work if the risk of doing so is no greater than the risk of shopping in the local supermarket, or social distancing in the streets, parks and countryside.</li> <li>• Keep the risk in the workplace as low as reasonably practicable by redeployment or controls including PPE.</li> <li>• Clinical work, care work and working closely with others will be possible provided controls (e.g. screens, PPE) are effective in managing the risk.</li> <li>• IPC recommendations particular to the role must be adhered to at all times.</li> <li>• Some individuals in essential roles may be asked to accept a higher risk and agree to do so where this can be justified.</li> <li>• This advice is subject to the outcome of the risk assessment conducted by management</li> </ul>
<b>Moderate</b> <b>Covid-age 50 – 69</b> <b>Years</b>	<ul style="list-style-type: none"> <li>• A moderately increased risk of infection may be accepted where there are no reasonably practicable means of reducing it further.</li> <li>• 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.</li> <li>• IPC recommendations particular to the role must be adhered to at all times.</li> <li>• This advice is subject to the outcome of the risk assessment conducted by management</li> </ul>
<b>Low</b> <b>Covid-age &lt; 50 years</b>	<ul style="list-style-type: none"> <li>• Risk is accepted where it is not possible to eliminate it as far as reasonably practicable.</li> <li>• Increased risk of infection may be accepted where there are no reasonably practicable means of reducing it further.</li> <li>• Essentially for all clinical duty without restriction.</li> <li>• IPC recommendations particular to the role must be adhered to at all times.</li> <li>• This advice is subject to the outcome of the risk assessment conducted by management</li> </ul>