
	<h1>Guideline Document</h1>				
Ref: GD:08:17	Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services				
Issue date:	22/03/2020	Revised Date:	25 th May 2021	Review date:	TBD
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Responsibility for Implementation:	Healthcare Services Management				

Updates in version 17:	
Introduction	<p>Specified derogation refers to HCWs without adequate evidence of presumptive immunity as vaccinated HCW close contacts or HCWs with confirmed COVID-19 infection within 6 months are no longer required to restrict movement, as per the Occupational Health Interim Guidance</p> <p>Specified that close contacts of a 'Person Under Investigation' (PUI), probable or confirmed Variant of concern case cannot be derogated whether vaccinated or not.</p> <p>Updated with changes to travel from government webpage.</p>
2	<p>Updated title to specify 'close contacts without adequate evidence of presumptive immunity'</p> <p>Specified that close contacts of a 'Person Under Investigation' (PUI), probable or confirmed Variant of concern case cannot be derogated whether vaccinated or not.</p> <p>Refined text throughout section</p> <p>Removed requirement to advise Occupational Health of derogations.</p>
3	<p>Updated with changes to travel from government webpage.</p> <p>Specified HCWs travelling from derogated states cannot be derogated</p> <p>HCWs from non-designated states can be vaccinated if work is essential</p>
	Removed separate section on 'Impact of vaccination – included in previous sections
Appendix 1	Updated title and table contents in line with document changes
Appendix 2	<p>Updated to specify derogation 'HCWs without adequate evidence of presumptive immunity'</p> <p>Updated text referring to 'Person Under Investigation' (PUI), probable or confirmed Variant of concern case</p> <p>Updated questions in line with appendix 3</p>
Appendix 3	<p>Updated text in line with government guidance</p> <p>Updated questions in line with appendix 2</p>
Appendix 4	Added 'HCW is unvaccinated' into sample risk assessment

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1. Introduction

This document refers to Healthcare Workers (HCWs) who are restricting their movements due to close contact with a COVID-19 case and who have been identified as essential to critical service needs. This is only relevant for HCW close contacts without adequate evidence of presumptive immunity (i.e. HCWs without 'significant vaccine protection' or those without COVID-19 infection within the previous 6 months). This document also refers to 'essential' HCWs entering the Island of Ireland. For detail of 'significant vaccine protection' required to exempt HCW close contacts from restricted movement see https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/Guidance_impact%20of%20vaccination%20on%20contact%20tracing%20guidance.pdf

Derogation cannot be applied to HCWs who are self-isolating following travel from a 'Designated State as listed on <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/> or any HCW (vaccinated or not) who is a close contact with a case of COVID-19 in which the case is a 'Person Under Investigation' (PUI), probable or confirmed '[Variant of Concern](#)'.

While the wide scale vaccination of frontline HCWs has largely mitigated the risk of staff shortages due to close contact, derogation may still be required in some circumstances.

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 without adequate evidence of presumptive immunity, 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 Unvaccinated Healthcare Worker Close Contacts

- 2.1. The Healthcare Workers (HCWs) without adequate evidence of presumptive immunity and who may receive a derogation to return to work on monitoring are outlined in Appendix 1.
- 2.2. **Please note: Close contacts (vaccinated or unvaccinated) of a PUI, probable or confirmed '[Variant of Concern](#)' cannot be derogated. These close contacts are not dealt with in this section and should be managed in line with the [Occupational Health interim Guidance](#).**
- 2.3. 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.
- 2.4. 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.
- 2.5. For workplace HCW close contacts 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. HCW close contacts with lower risk should be derogated first where possible.
 - 2.7. HCWs without adequate evidence of presumptive immunity **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'.
 - 2.8. 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 unvaccinated 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.
 - 2.9. 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.
 - 2.10. 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, without adequate evidence of presumptive immunity, are tested and the results are 'indeterminate', the HCW can remain at work, if they remain asymptomatic, but an 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 quarantine and testing following travel - <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>. Current 'Designated States' requiring additional quarantine measures are listed on this link.
- 3.2. All HCWs can return to the workplace when quarantine is complete, in line with current government guidance re testing post travel.

- 3.3. As per government guidance, HCWs travelling from a 'designated state' and who are fully vaccinated with an approved vaccine and have the documents to prove that, do not have to complete mandatory hotel quarantine on arrival in Ireland. However, they must complete the period of self-quarantine at home or in the place specified in their passenger locator form. This advice and the definition of 'fully vaccinated' is outlined here - <https://www.gov.ie/en/publication/3b8e1-mandatory-hotel-quarantine-your-questions-answered/#exemptions-from-mandatory-hotel-quarantine>.
- 3.4. HCWs entering from 'designated states CANNOT be derogated regardless of vaccination status.
- 3.5. HSE HCWs travelling from all non-designated states must adhere to government guidelines for quarantine following travel specific to that country – See <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>
- 3.6. If a vaccinated or unvaccinated HCW, travels to Ireland for essential work from a non-designated state 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 quarantine.
- 3.7. 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
- 3.8. Where derogation is allowed the Senior Manager must complete the 'Derogation Checklist for HCW Entering the Island of Ireland' – see Appendix 3.
- 3.9. 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.
- 3.10. The HCW will need to follow public health advice regarding quarantine when not conducting their work.

4. References/Useful Links:

Health Services Executive (2020). *Risk Assessment of Healthcare Workers Exposure to Covid-19 Case*. Available at: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/> Last accessed 21st May 2021.

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 21st May 2021.

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 21st May 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 21st May 2021.

Health Services Executive. (2020). *Assessment, Testing 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 21st May 2021.

Government of Ireland. (2020). *Travelling to Ireland during the COVID-19 pandemic*. Available at: <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>. Last accessed 21st May 2021.

Government of Ireland. (2021). *Mandatory Hotel Quarantine*. Available at: <https://www.gov.ie/en/publication/a6975-mandatory-hotel-quarantine/>. Last accessed 21st May 2021.

Government of Ireland. (2021). *Exceptions from Mandatory Hotel Quarantine*. Available at: <https://www.gov.ie/en/publication/3b8e1-mandatory-hotel-quarantine-your-questions-answered/#exemptions-from-mandatory-hotel-quarantine>. Last accessed 21st May 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.hiqa.ie/reports-and-publications/health-technology-assessment/derogation-vaccinated-healthcare-workers>. Last accessed 21st May 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 21st May 2021.

5. Appendix 1 – Healthcare Workers Considered for Derogation

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' VOC). If asymptomatic at time of test and symptoms develop during self-isolation, they must self-isolate for 10 (14 VOC) days from the date symptoms began. May RTW after 10 (14 VOC) days self-isolation AND <ul style="list-style-type: none"> • Must be without fever for 5 days before RTW AND • Must be medically well before RTW. 	Not an option.	Not applicable.
2.	Symptomatic HCWS with a Negative COVID 19 Test Result who: <ul style="list-style-type: none"> • Are not returning from overseas • Are not close contacts of a confirmed case (household, community or work) 	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	Self-monitor for symptoms. Self-isolate if symptoms develop.
4.	Asymptomatic HCWs without evidence of immunity who are Close Contacts of a Confirmed COVID 19 Case (non-VOC) - healthcare or community, but NOT household	Must Restrict Movement until confirmed Day 10 test 'not detected'	With derogation as an Essential HCW from management, the HCW may RTW if asymptomatic	Active monitoring twice daily by manager and daily by Occupational Health
5.	HCW without evidence of immunity (a) Household contacts - positive Covid 19 test result (b) Symptomatic household contacts - awaiting test/results	(a) Must Restrict Movement until day 10 test following last close contact 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 and have a negative test	Active monitoring twice daily by manager and daily by Occupational Health
6.	(a) Close contacts – PUI possible 'Variant of Concern' case (b) Travel from Designated State	(a) Self-isolate for 14 days. (b) Quarantine as per government guidance – location dependent on vaccination status	Not an option.	Not applicable.
7.	HCWs with symptomatic household contacts who don't fit criteria for testing or have tested negative or Vaccinated Close contacts of a non-VOC case	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	Active monitoring twice daily by manager
9.	Vaccinated or unvaccinated HCW travelling from non-designated state to provide an 'Essential Service'	Must comply with government guidance for quarantine.	Derogation by Senior Management	Active monitoring twice daily by manager and daily by Occ Health

6. Appendix 2 - Derogation Checklist for Healthcare Worker Close Contacts

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: _____	
Date last Contact: _____	Employee Email: _____

Risk Assessment for the Derogation of an Healthcare Worker Close Contact without adequate evidence of presumptive immunity, on Restricted Movement to Return to work HCWs who are Close Contacts with Person Under Investigation, probable or confirmed cases with a 'variant of concern' must self-isolate and cannot be derogated	
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 for the duration of restricted movement:	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: 1. Was their contact during Aerosol Generating Procedures: 2. Did they have contact with multiple index cases: <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>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the HCW aware they quarantine outside of work and comply with government guidance or that they must self-isolate immediately at work if they develop COVID-19 symptoms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you manage twice daily active monitoring if required	Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>Decision for the Derogation of the Healthcare Worker</u> Based on the risk assessment this HCW can return to work on a derogation: Yes <input type="checkbox"/> No <input type="checkbox"/> 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'. Senior Manager Signature: _____ Date: _____ Period for Derogation: _____ to _____ HCW is a Household Close Contact – Mandatory approval for derogation must be obtained: Name from Director of Acute/Community Operations providing approval: _____	
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7. Appendix 3 - Derogation Checklist for Healthcare Workers Entering Island of Ireland

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 _____

Risk Assessment for the Derogation of a Healthcare Worker Restricting Movement Due to Travel into the Island of Ireland from a Non-Designated State. ***HCWs travelling from Designated States may NOT be considered for derogation***

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 for the duration of restricted movement:	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"/>
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 quarantine outside of work and comply with government guidance or that they must self-isolate immediately at work if they develop COVID-19 symptoms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you manage twice daily active monitoring if required	Yes <input type="checkbox"/> No <input type="checkbox"/>

Decision for the Derogation of the Healthcare Worker

Based on the risk assessment this HCW can return to work on a derogation: Yes ☐ No ☐

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'.

I will provide the HCW with a Returning from Travel & New Entry Healthcare Worker Information leaflet prior to travel – See <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>

Senior Manager Signature: _____ Date: _____

Period for Derogation: _____ to _____

8. Appendix 4 – Sample Risk Assessment

Risk Assessment of Healthcare Workers on Restricted Movement for Derogation to Return to Work					
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	
<p>Confirmed close contact to patient /HCW with probable/confirmed COVID-19</p> <p>HCW is unvaccinated and had no confirmed COVID-19 infection within the previous 6 months</p> <p>Household close contact</p>	<p>Existing infection Prevention and Control measures</p> <p>Social distancing</p>	<p>Active monitoring twice daily to include temperature check – first check at start of shift</p> <p>Employee redeployed to reduce possible contact with patients or colleagues</p> <p>Employee maintains distance of >1 meter from patients and HCW colleagues as far as is reasonably practicable</p> <p>Where >1 meter distance cannot be maintained HCWs should limit contact as far as is reasonably practicable</p> <p>Final approval for derogation</p>	<p>Line manager/designate Healthcare Worker</p> <p>Office of Director of Acute/Community Operations</p>		
INITIAL RISK			Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed
Per ECDC Guidelines		HIGH			