
	Guideline Document				
Ref: GD:10:04.1	Guidance on Fitness for Work of Healthcare Workers in the Higher Risk Categories, including Pregnant Healthcare Workers				
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Responsibility for Implementation:	Healthcare Services Management				



Updates in Version 10:04	
Section	Changes to Guidance
1	Introduction rewritten Specified that the guidance has been developed for and applies specifically to workers in healthcare services only.
2	Updated guidance on using 'Covid age range adjusted for immunity' post vaccination/Covid-19 infection Included link to the Immunisation Guidelines Section 5a, to review if a HCW may have a possible suboptimal response to vaccination Outlined what vaccinations are required to adjust the Covid age range
3	Included the use of 'Covid age range adjusted for immunity' in assessing individual risk
4	Section rewritten – outline of risk assessment process for management Specified that the guidance for HCWs with a possible suboptimal response to vaccination will be reviewed as further evidence on vaccine efficacy becomes available.
5	Section rewritten based on consultation with IOG, FOM, AMRIC, PH and the CCOs office.
6	Removed section – 'Vaccinated At Risk HCWs' – Now incorporated into previous sections
Appendix 1	Updated in line with previous changes
Risk assessment	Generic risk assessment form moved to Appendix 5
Appendix 2	Updated text to outline how Covid Age Range will be adjusted for immunity and Included link to the Immunisation Guidelines Section 5a, to review if a HCW may have a possible suboptimal response to vaccination.
Appendix 3	New appendix – 'Risk Assessment of Healthcare Workers Overall Risk'
Appendix 4	Sample Matrix's added
Updates in Version 10:04.1	
5.4	Clarified that pregnant HCW must not be considered for very high risk or high risk workplaces and this measure must be put in place as soon as the HCW notifies the manager of their pregnancy
5.7	Clarified that the process followed, to ensure that the enhanced measures will be applied by 14 weeks of pregnancy.
5.8	Inserted 'unvaccinated'



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1. 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. The guidance has been developed for and applies specifically to workers in healthcare services only.

Previously Very High Risk or 'Vulnerable' Healthcare Workers (HCWs) were not allowed to be at work. However, as the vaccination programme is rolled out and further evidence of the efficacy of vaccinations becomes available, it is now possible to consider a return to work for these HCWs.

Very high risk HCWs who do not yet have 'significant vaccine protection' as per section 2.5, can provide their manager with a letter from their treating specialist confirming their 'Very High Risk HCW' status, and should then stay off work and limit their exposure as per the '[Guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19](#)'. There is no requirement for Occupational Health input.

'At Risk' HCWs, who have 'significant vaccine protection' can now be reassessed for a return to work, taking into account their medical conditions, their vaccination status, previous COVID-19 infection, Viral prevalence (14 Day Incidence Rate) and workplace risk. The UK '[COVID-19 return to work in the roadmap out of lockdown: guidelines for workers, employers and health practitioners](#)' will be used as part of this assessment. Further information and links to the Covid Age' toolkit are available on Appendix 2 Assessing 'Vulnerability' using 'Covid-Age'.

2. Medical assessment of 'At Risk' Healthcare Workers.

- 2.1. 'At Risk' HCWs, including pregnant 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, vaccination status and any other available clinical evidence.
- 2.3. The Covid-Age toolkit, see Appendix 3, will be used as part the assessment process.
- 2.4. If the HCW has 'significant vaccine protection' (see 2.5) or has had laboratory confirmed COVID-19 infection within the past 6 months, the Covid Age will be reduced to the next lower Covid-age category below the calculated level. I.e. Covid Age range adjusted for immunity (**CARAI**).
- 2.5. For the purpose of this guidance 'significant vaccine protection' is defined in the 'Guidance on the impact of vaccination on contact tracing' – see <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/> . This is specified as:
 - 7 days after receipt of the second Pfizer-BioNTech dose (two dose vaccination course)
 - 14 days after receipt of the second Moderna dose (two dose vaccination course)
 - 14 days after receipt of the Janssen dose (one dose vaccination course)
 - 28 days after receipt of the first AstraZeneca dose (two dose vaccination course)

Although it is considered that the above scenarios provide "significant vaccine protection" it continues to be essential that all HCWs receive the recommended full



course of vaccination, as per the vaccination schedule.

- 2.6. However, as immunosuppressive conditions and treatments may affect the efficacy of vaccines, this will need to be considered. Current guidance on identifying a suboptimal response to vaccines can be found at [Immunisation Guidelines for Ireland](#) – Section 5A, table 5.2’
- 2.7. Occupational Health will provide the manager with the HCWs CARAI.
- 2.8. Where Occupational Health has clinical information where a return to work will not be appropriate, they will advise the manager that the HCW cannot currently return to the workplace due to the pandemic and their medical vulnerability.

3. Outcome of the medical assessment

- 3.1. 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/.
- 3.2. Where alternative 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 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.
- 3.3. Where a CARAI has been provided the manager must use this and other specified factors to assess the HCWs individual overall risk, to determine if the HCW can return to the workplace
- 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. Individual Risk Assessment

- 4.1. Following the Occupational Health Assessment, Management should conduct an individual risk assessment in collaboration with the employee - <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/carrying-out-a-risk-assessment.html>
- 4.2. There are 4 steps to completing the risk assessment
 - Step 1 - Check the national 14 day incidence rate - This is an important factor in facilitating the HCWs return to the workplace. Current national 14 day incidence rate is available from the HPSC – See ‘National incidence of confirmed cases per 100,000 population on the latest COVID-19 14-day epidemiology reports at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-1914-dayepidemiologyreports/>. This should be monitored regularly by the manager and HCW.
 - Step 2 - Consider Workplace Risk - This is a risk assessment of the HCWs workplace risk. Risk is assigned as Low, Moderate, High or Very high. Different activities can be



assigned different risk levels. This will guide the manager in identifying work activities at a level that is appropriate to allow the HCW to return to work. The HCWs commute to work needs to be considered. These risk levels are outlined on Appendix 3

- Step 3 - Identify overall risk - The overall risk based on vulnerability (CARAI), 14 day incidence rate and workplace risk can now be calculated using the Matrix on appendix 1. The outcome can then be applied to the 'Matrix guide for estimation of a worker's overall risk pre-and post-vaccination / infection'.
- Step 4 - Plan for Return - The manager and HCW should discuss their return to work based on the overall risk. Adjustments or controls may be required to lower the risk and these should be discussed and agreed.

- 4.3. Where risk is identified then controls should be sought to reduce the risk in so far as is reasonably practicable.
- 4.4. The above adjustment for immunity does not currently apply to those specified in the Immunisation Guidelines as having a possible suboptimal response to vaccination as per section 2.6. This will be reviewed on an on-going basis and as further evidence on vaccine efficacy becomes available.
- 4.5. If there is a change in the medical status of the HCW the HCW must be referred back to the OHS for a review of the CARAI.
- 4.6. The risk assessments **must** be held by the manager. If the CARAI changes, local work practices change, National 14 day Incidence rate increases or in the event of new or emerging evidence, and/or national guidance, this risk assessment may need to be reviewed, updated and the actions implemented. An increase in overall risk may lead to the HCW exiting the workplace at a later stage.

5. Pregnant HCWs

- 5.1. The Workplace Health & Wellbeing Unit and OH Clinical Advisory Group have consulted with the Royal College of Physicians of Ireland's, Institute of Obstetricians & Gynaecologists (IOG) in the ongoing development of guidance for pregnant HCWs.
- 5.2. Research has shown that 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.
- 5.3. As a result of this and due to the potential risk of COVID placentitis from 14 weeks gestation, all pregnant HCWs should be referred to Occupational Health before the end of their first trimester.
- 5.4. Unvaccinated or vaccinated pregnant HCWs, must not be considered for very high risk or high risk workplaces (section 4.2 Step 2), as no pregnant HCWs should work with known or suspected COVID detected patients. This measure must be put in place as soon as the HCW notifies the manager of their pregnancy.
- 5.5. All pregnant HCWs, are considered to have a COVID age of '70', before assessment of possible immunity as per section 2.4/2.5. However this Covid Age must be recalculated with any co-morbidity using the [Covid Age Tool to assess their CARAI](#).
- 5.6. Pregnant HCWs, who have significant vaccine protection or laboratory confirmed COVID-19 infection within the previous 6 months as per section 2.4/2.5, will reduced by one CARAI.
- 5.7. The manager will be notified of the CARAI and the steps in section 4 should be followed, to ensure that the enhanced measures will be applied by 14 weeks of pregnancy.



- 5.8. It is currently recommended that unvaccinated pregnant women be offered mRNA vaccination between 14 and 36 weeks gestation.
- 5.9. Pregnant women should talk to their medical provider for advice on the COVID-19 vaccine. Information to assist in this decision is available here – [‘COVID-19 Vaccine Decision Aid for pregnant women’](#)
- 5.10. It is advised that all pregnant HCWs be referred to Occupational Health for assessment of their medical risk level.
- 5.11. As with other HCWs, the adjustment for immunity does not currently apply to those specified in the Immunisation Guidelines as having a possible suboptimal response to vaccination, as per section 2.6.
- 5.12. Clinical judgment is necessary where the Pregnant HCWs have other underlying health conditions or obstetric complications that could be negatively impacted by COVID 19 infection.
- 5.13. 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>.
- 5.14. Further information on COVID vaccination during pregnancy is available at the [Immunisation Guidelines for Ireland – Chapter 5a](#).

6. HCW can work onsite

- 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. HCW cannot work onsite

- 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, a change in the medical condition or treatment, a change in the 14 day incidence rate and/or national guidance.

8. 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. They should be made aware of further supports available, such as the Employee Assistance Programme or their Occupational Health service. See <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit>



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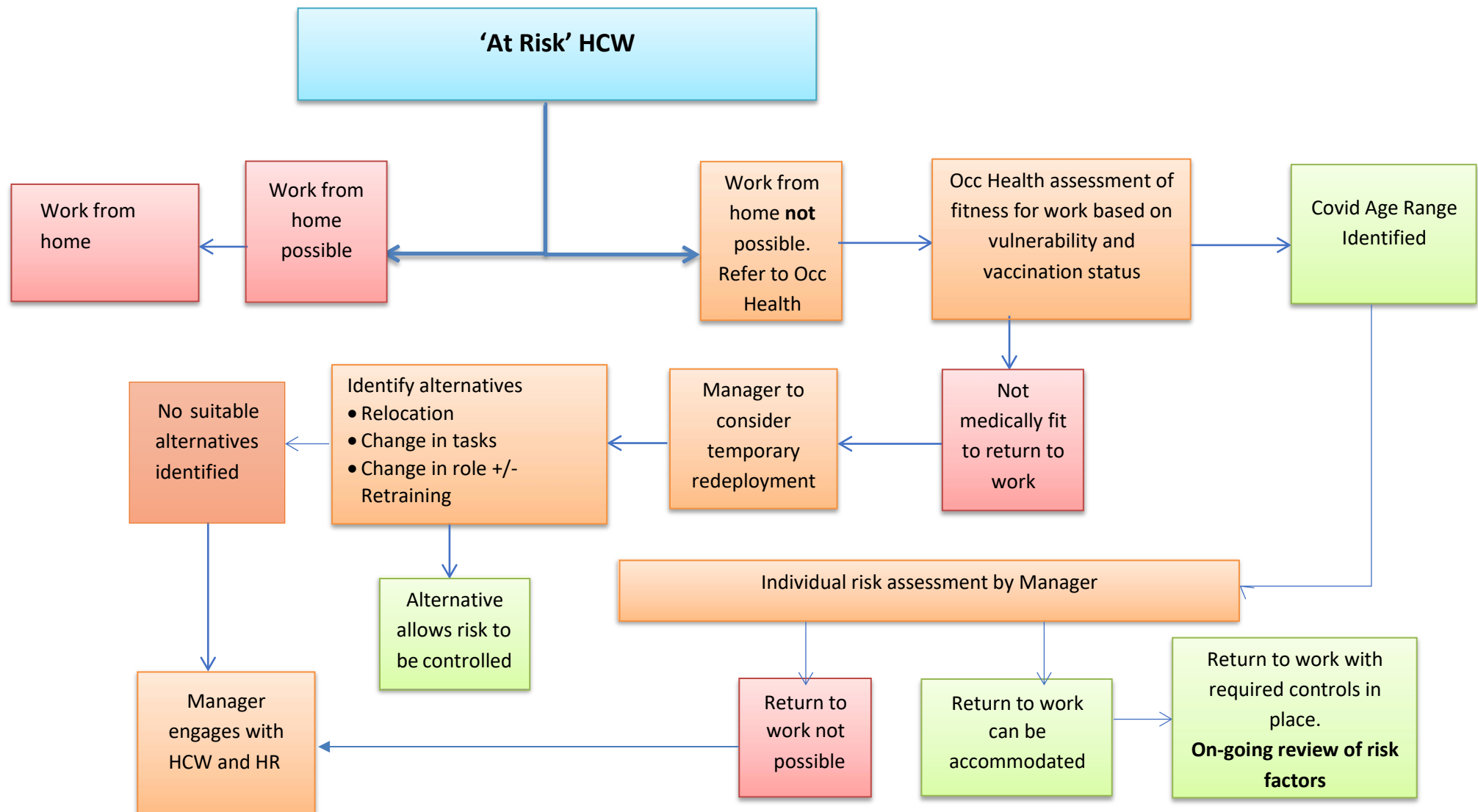
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10. Appendix 1 - Algorithm for Return to Work of 'At Risk' HCWs during pandemic





11. Appendix 2 - 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. This fitness for work assessment will be based on clinical assessment, specialist information and workplace/job variables.

Studies of vaccines show that they are effective in preventing infection, hospitalisation, death, and transmission of the infection. For those who have had COVID-19 infection (within previous 6 months), naturally acquired immunity / antibodies provide 83% protection against reinfection, compared to people who have not had the infection.

The HCW will drop down to the next lower Covid-age category below the calculated level for a period of six months after confirmed COVID-19 infection OR if they have significant vaccine protection as per 2.5. However, as immunosuppressive conditions and treatments may affect the efficacy of vaccines, this will need to be considered. Current guidance on identifying a suboptimal response to vaccines can be found on Table 5.2, in section 5A of the Immunisation Guidelines for Ireland

Please note that as new evidence emerges risk factors are updated. See <https://alama.org.uk/covid-19-medical-risk-assessment/> for most up to date risk/vulnerability measures and online toolkit.



12. Appendix 3 – Risk Assessment of Healthcare Workers Overall Risk

Matrix guide for estimation of a worker's overall risk pre-and post-vaccination / infection

	Overall risk is very high , avoid this activity Do not carry out these tasks
	Overall risk is high , only undertake this activity if it is essential and cannot be avoided This activity must be undertaken infrequently with appropriate PPE and control measures in place, identified through risk assessment and in line with Public Health and Infection Prevention and Control measures
	Overall risk is moderate . This activity can be undertaken with appropriate PPE and control measures in place, identified through risk assessment and in line with Public Health and Infection Prevention and Control measures
	Overall risk is low , no requirement for any additional adjustments or controls, above current Public Health and Infection Prevention and Control measures

Workplace risk - Assuming appropriate IPC recommendations are adhered to.	Covid-age ** Range Adjusted for Immunity (CARAI)	National 14 day Incidence *			
		1-9/ 100,000	10-99/ 100,000	100-999/ 100,000	1000+/ 100,000
Very High † In rooms, wards or vehicles caring for Covid-positive patients or COVID care pathways where full PPE cannot be worn reliably (for example, where patients may disturb PPE if confused or agitated)	85 & above				
	70-84				
	50-69				
	Under 50				
High † In rooms, wards, accommodation buildings or vehicles in close proximity to people with suspected Covid-19 (including COVID-care pathways and staff or patients fitting criteria for testing)	85 & above				
	70-84				
	50-69				
	Under 50				
Medium High number of different face-to-face contacts. e.g. healthcare, wards, units, care homes, social care (No known or suspected cases) Driving multiple clients/patients	85 & above				
	70-84				
	50-69				
	Under 50				
Low Good social distancing, ventilation and hygiene measures e.g. office work.	85 & above				
	70-84				
	50-69				
	Under 50				
Working from home	All ages				

* Current National incidence of confirmed cases per 100,000 populations - See the latest [COVID-19 14-day epidemiology reports](#)

**Please note: Covid-age is not the same as actual age and has to be calculated. To calculate Covid-age, please go to <https://alama.org.uk/covid-19-medical-risk-assessment/>

†Pregnant HCWs cannot be allocated to work in high or very high risk workplaces after 14 completed weeks' gestation.



13. Appendix 4 – Examples

Example 1:

Occupational Health	Medical Assessment	CARAI - 85+
Manager - Step 1	National 14 day incidence	126
Manager - Step 2	Workplace – Residential Care Facility	Risk level - Medium
Manager - Step 3	Overall Risk	Very High
Outcome: Overall risk is very high, avoid this activity.		

Workplace risk	Covid-age ** Range Adjusted for Immunity (CARAI)	National 14 day Incidence *			
		1-9/ 100,000	10-99/ 100,000	100-999/ 100,000	1000+/ 100,000
Very High In rooms, wards or vehicles caring for Covid-positive patients or COVID care pathways where full PPE cannot be worn reliably (for example, where patients may disturb PPE if confused or agitated)	85 & above				
	70-84				
	50-69				
	Under 50				
High In rooms, wards, accommodation buildings or vehicles in close proximity to people with suspected Covid-19 (including COVID-care pathways and staff or patients fitting criteria for testing)	85 & above				
	70-84				
	50-69				
	Under 50				
Medium High number of different face-to-face contacts. e.g. healthcare, wards, units, care homes, social care (No known or suspected cases) Driving multiple clients/patients	85 & above			X	
	70-84				
	50-69				
	Under 50				
Low Good social distancing, ventilation and hygiene measures e.g. office work.	85 & above				
	70-84				
	50-69				
	Under 50				
Working from home	All ages				



Example 2:

Occupational Health	Medical Assessment	CARAI - 50 - 69
Manager - Step 1	National 14 day incidence	202
Manager - Step 2	Workplace – Residential Care Facility	Risk level - High
Manager - Step 3	Overall Risk	Moderate
Outcome: Overall risk is moderate, avoid if the activity is unnecessary		

Workplace risk	Covid-age ** Range Adjusted for Immunity (CARAI)	National 14 day Incidence *			
		1-9/ 100,000	10-99/ 100,000	100-999/ 100,000	1000+/ 100,000
Very High In rooms, wards or vehicles caring for Covid-positive patients or COVID care pathways where full PPE cannot be worn reliably (for example, where patients may disturb PPE if confused or agitated)	85 & above				
	70-84				
	50-69				
	Under 50				
High In rooms, wards, accommodation buildings or vehicles in close proximity to people with suspected Covid-19 (including COVID-care pathways and staff or patients fitting criteria for testing)	85 & above				
	70-84				
	50-69			X	
	Under 50				
Medium High number of different face-to-face contacts. e.g. healthcare, wards, units, care homes, social care (No known or suspected cases) Driving multiple clients/patients	85 & above				
	70-84				
	50-69				
	Under 50				
Low Good social distancing, ventilation and hygiene measures e.g. office work.	85 & above				
	70-84				
	50-69				
	Under 50				
Working from home	All ages				



14. Appendix 5 – 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	Closed
		HIGH			