

**Summary of Advice for Healthcare Workers (HCW) who are Close Contacts of a Confirmed Case in a Healthcare Setting during Delay Phase**

Symptoms	Essential worker	Management
Y	N	Exclude from work, self isolate and test.  If the virus is not detected, remain off work until 14 days following last unprotected exposure and 48 hours after symptoms resolve
Y	Y	Exclude from work, self-isolate and test.  If virus not detected, remain off work until 14 days following last unprotected exposure and 48 hours after symptoms resolve  If virus not detected and 48 hours after symptoms resolve may receive derogation to work if there are significant pressures on the system -see appendix 1 for detail of how derogation and monitoring is managed
N	N	Exclude from work and self quarantine for 14 days post last unprotected exposure
N	Y	Exclude from work and self quarantine for 14 days post last unprotected exposure  May receive derogation to work if there are significant pressures on the system - see appendix 1 for detail of how derogation and monitoring is managed.

See Risk Assessment of Healthcare Workers with Potential Workplace Exposure to Covid-19 Case  
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>

See information on Self-Quarantine self quarantine see

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/traveladvice/>

See information on Aerosol Generating Procedures

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

## **Derogation for Essential Workers**

**Many areas are experiencing a shortage of HCWs as a result of COVID-19 and the requirement for close contacts and returning HCW to self isolate**

**This measure is being put in place to mitigate the risks in the direct provision of services for patient in critical areas within services while also ensuring on-going staff safety.**

- 1. A detailed local risk assessment is to be undertaken in relation to the risk to patient safety due to absences of essential HCWs.**
- 2. This process should include an assessment of available personnel to meet the evolving needs where patients are being discharged, OPD services have been reduced and where possible services have been moved to alternative locations. This will allow for a pool of HCWs freed up due to the reduction in scheduled services and accelerated patient discharges, who are available to be redeployed within the service.**
- 3. Efforts should be made in consultation with senior clinicians and management to maximise the discharge of patients thereby increasing, in so far as is possible, the availability of personnel for redeployment across the organisation.**
- 4. If, despite redeployment efforts, an area cannot be staffed safely or a critical skill set to provide critical/essential services is unavailable, then a derogation from management may be given to HCW from the identified essential services to return to the workplace and Occupational Health will be notified and will provide details of the additional monitoring required.**
- 5. Consideration must be given to the fact that, if unprotected close contact involved aerosol generating procedures then the HCW would have a higher risk of exposure to COVID-19. HCWs whose contact did not involve AGPs should be returned first where possible.**
- 6. In the event such a requirement is made, the HCW will be actively monitored twice daily by their line manager(to include temperature check), once prior to starting their shift and at one point during their shift. In addition daily active monitoring will be continued by Occupational Health. These HCWs will be under strict instructions to self isolate and follow OH guidance for testing should they become symptomatic.**