
	<h1>Guideline Document</h1>					
Ref: GD:06:23	RE: Interim Guidance for Coronavirus - Healthcare Worker Management By Occupational Health					
Issue date:	31 Jan 2020	Revised Date:	23rd Dec 2020	Review date:	TBD	
Author(s):	Workplace Health & Wellbeing Unit					
Consultation With:	Public Health Health Protection Surveillance Centre Occupational Health Clinical Advisory Group					
Responsibility for Implementation:	Occupational Health Services					

Updates in Version 23	
Section	Updates
6	Updated with change to testing of close contacts from day 0 day 7 testing to day 5 testing only following notification from HPSC of change from 23 rd Dec 2020
6.3.2 6.4	New advice re outbreaks on multiple wards in one hospital New section - Testing following identification of a Hospital Acquired Infection Both additions are in line with 'Self-assessment check list for Infection Prevention and Control (IPC) measures to manage the risk of spread of COVID-19 in the acute hospital setting'
8.1.1 8.1.8 8.1.10	Removed statement that travel requirements for 14 days restricted movements were a NPHET/HSE decision – this is a HSE position in line with Public Health Advice. Specified this is for 'HSE HCWs' as is a HSE Position. Specified they must remain out of 'the workplace' instead of 'work' as may work from home. Changed from 'restricted movement' to 'remain out of the workplace for 14 days' - HSE position in line with Public Health Advice. Specified that 'HCWs required to remain out of the workplace must adhere to government guidelines for restricted movement following travel specific to that country' and included link.
14	New section re Rapid Antigen Detection Testing – agreed at Pandemic Infection Control Team meeting 22 Dec 2020

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1. Introduction

Coronaviruses are a large family of viruses that circulate among animals, including camels, cats and bats, with some causing illness in humans e.g. SARS (civet cats) and MERS (dromedary camels). Rarely, animal coronaviruses can change and infect people and then spread between people such as has been seen with MERS and SARS.

Coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. Personal protective equipment (PPE) and good infection prevention and control precautions are effective at minimising risk but can never eliminate it.

This document aims to outline the role of Occupational Health (OH) in preparing for and managing potential coronavirus exposures. It is an interim guideline, and will be updated as new evidence based information becomes available.

Further Information can be found on the HPSC website - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>

2. Prevention of transmission of Coronavirus

It is the responsibility of each individual service to ensure that an appropriate management plan is in place to identify patients with potential Coronavirus and to protect healthcare workers (HCW) so that they can safely care for the patient.

Infection prevention and Control and Personal Protective Equipment guidance should be followed in order to prevent transmission of Coronavirus in healthcare settings available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

3. Roles and Responsibilities – General

3.1. HSE Management

- 3.1.1.To provide adequate resources for the prevention and management of Coronavirus events within the HSE
- 3.1.2.To advise staff regarding the terms and conditions of sick leave / reasonable accommodations should this be required in terms of contacts potentially exposed to Coronavirus.
- 3.1.3.To identify HCWs in contact with confirmed case of COVID-19, collate casual contacts and refer any possible close contacts for contact tracing to Occupational Health
- 3.1.4.To implement arrangements to maintain and provide access to Contact Packs within the clinical/hospital setting.
- 3.1.5.To provide information to pregnant HCW, vulnerable HCWs and other HCWs with pre-existing illnesses about the risks from COVID-19 as per the national guidance -

Pregnant Healthcare Workers (HCWs), Higher Risk (Vulnerable) Healthcare Workers and High Risk (Other Pre-Existing Disease) Healthcare Workers
<https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>

- 3.1.6.To carry out investigation of confirmed HCW cases of COVID-19 and report them via the National Incident Management System (NIMS).

3.2. Workplace Health & Wellbeing (WHWU) National Clinical Lead

- 3.2.1.To ensure all Occupational Health Services are aware of their responsibilities in line with this guidance
- 3.2.2.To ensure adequate resources are in place for the provision of Occupational Health response in an emergency situation, with a surge capacity plan if necessary. This may allow extra resources to be allocated to assist local services in the event that a Coronavirus exposure may have occurred.
- 3.2.3.To liaise with responding Occupational Health Services during and after a Coronavirus exposure to provide additional support and to evaluate the response for further learning and development of the guidance.

3.3. Occupational Health Services

- 3.3.1.To engage with local teams in preparation and management of cases.
- 3.3.2.To ensure appropriate information is available for close contacts. To ensure management are aware of the location of this information.
- 3.3.3.Where management are unclear as to the contact category, assessment and assignment of affected HCW to casual or close contact category.
- 3.3.4.To ensure identification of all relevant HCWs, including Ambulance services HCWs involved in the case. (The Ambulance Service Occupational Health services must be notified of any case that may affect their HCWs, if different to local hospital service)
- 3.3.5.Follow-up surveillance of 'Close Contacts' and relevant HCWs returning from international travel.
- 3.3.6.To arrange testing for symptomatic contacts as per 'Telephone Assessment, Testing Pathway and Return to Work of Symptomatic Healthcare Workers'.
- 3.3.7.To ensure implementation of this guidance as required
- 3.3.8.To provide timely and regular updates on management of Coronavirus events to WHWU
- 3.3.9.To carry out an evaluation of the process and outcomes to facilitate further development of the guidance.

3.4. Employees

- 3.4.1.To follow the guidance provided by Occupational Health / Public Health and their manager.
- 3.4.2.To immediately act to self-isolate if become unwell at work and to inform their manager and Occupational Health so that appropriate assessment +/-testing may be arranged.
- 3.4.3.Symptomatic HCWs should not attend work or should leave work/self-isolate if become symptomatic.

4. Role of Occupational Health - Pre-exposure / preparation

4.1. Protection of staff

- 4.1.1.OH have an advisory role only in supporting the Infection Prevention and Control teams in the implementation and delivery of the training and education of HCWs.

4.2. Fitness for work

- 4.2.1.OH will be available to discuss fitness for work concerns with individual HCWs and, with required consent, service management – see appendix 4 for sample consent.
- 4.2.2.HCWs for whom it has not been possible to identify and provide appropriately fitting PPE cannot be rostered to work with Coronavirus patients.
- 4.2.3.Any potential health problems identified at preparatory training into appropriate work practices and their medical fitness to use PPE should be referred to the OHS for assessment via the standard management referral process.
- 4.2.4.HCWs should be advised of the availability of the OHS to assess other health concerns and advise on fitness for work issues on a case by case basis.

Separate guidance is available for ‘Pregnant Healthcare Workers (HCWs), Higher Risk (Vulnerable) Healthcare Workers and High Risk (Other Pre-Existing Disease) Healthcare Workers’ and, when assessing their fitness to return to work, in the ‘Guidance on Fitness for Work of Healthcare Workers in the Higher Risk Categories’

See <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>

5. Management of HCW Contacts Exposure in the Workplace

5.1. Contact Tracing purpose and responsibility

Infectious Period for Contact Tracing

For the purposes of this guidance, given the current knowledge about COVID-19 transmission, the infectious period for contact tracing purposes is defined as from 48 hours before symptom onset in the case, until the case is classified as no longer infectious by the treating team (usually 5 days fever free AND 10 days from symptom onset but may be longer in severely ill cases who are hospitalized).

Where the test was on an asymptomatic HCW, the contact tracing period is from 24 hours before the date of test.

- 5.1.1.The purpose of contact tracing is to identify and monitor those who have been in close contact with a Coronavirus case to ensure early detection of disease if they have been infected. This will lead to early identification and management of the case and, in most cases, better clinical outcomes and to prevent onward transmission to others

5.1.2. Contact tracing of a case in Ireland managed in the following way

- Community based contacts will be monitored by Public Health
- Healthcare workers, including laboratory staff, National Ambulance Service staff and affected agency staff will be monitored by Occupational Health
- Hospital in-patient contacts will be monitored by infection prevention and control and clinical microbiologist while receiving in-patient care and by Public Health following discharge.

5.1.3. All persons identified as having had contact with a confirmed case in the 48 hours previous to the case becoming symptomatic, should be classified as a close or casual contact.

5.1.4. In the case where an asymptomatic HCW is tested and COVID-19 is detected, contact tracing will be completed for 24 hours prior to test was taken.

5.1.5. In certain circumstances, where possible cases fall outside case definitions, a clinical decision may be required.

5.2. Close and Casual Contact Definitions

Close contact definition

HCWs (excluding laboratory workers) who:

- have a cumulative unprotected exposure during one work shift (i.e. any breach or omission of the appropriate Personal Protective Equipment† - PPE) for more than 15 minutes face-to-face (< 1 meters distance) to a case
OR
- have any unprotected exposure of their eyes or mouth or mucus membranes, to the bodily fluids (mainly respiratory secretions e.g. coughing, but also includes blood, stools, vomit, and urine) of the case.
OR
- have any unprotected exposure (i.e. any breach in the appropriate PPE) while present in the same room when an aerosol generating procedure* is undertaken on the case.

Any HCW who meets the above criteria will be considered a Close Contact for 14 days after this contact.

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

† As per 'Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19' <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>

See quick view PPE guide 'Care of patients with respiratory symptoms/ suspected/confirmed COVID-19' - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/PPE%20double%20graphic%20hpsc.pdf>

HCW Casual Contact Definition

HCWs (excluding laboratory workers) who have taken recommended infection control precautions, including the use of appropriate PPE (i.e. a protected exposure) during the infectious period for the following types of exposure to a case:

- A cumulative **protected exposure** during one work shift for more than 15 minutes face-to-face (less than 1 meters distance) to a case
OR
- Any **protected exposure** to the bodily fluids (mainly respiratory secretions e.g. coughing but also includes blood, stools, vomit, and urine) of the case
OR
- Any **protected exposure** while present in the same room when an aerosol generating procedure* is undertaken on the case
OR
- A HCW who was not wearing gloves but was wearing other appropriate PPE[†], performed hand hygiene immediately after hand skin contact with secretions / excretions of a case, would be considered low risk and therefore not a close contact.
OR
- A cumulative **unprotected exposure** during one shift (i.e. any breach or omission of appropriate PPE[†]) for **less than 15 minutes** face-to-face (less than 1 meters distance) to a case.

Any HCW who meets the above criteria will be considered a Casual Contact for the duration of the care provided and for 14 days after the last contact.

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

[†] As per 'Current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19' <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>

See quick view PPE guide 'Care of patients with respiratory symptoms/ suspected/confirmed COVID-19' - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/PPE%20double%20graphic%20hpsc.pdf>

Contacts of Asymptomatic Patients with Positive Test result

A HCW wearing a surgical mask and following Standard Precautions, in contact (less than 1 meter and greater than 15 minutes) with an asymptomatic patient, who subsequently obtains a 'COVID-19 detected' result on routine surveillance testing, will be deemed a casual contact, unless following assessment factors are identified that determine the contact to be close.

Once diagnosed, PPE appropriate to COVID-19 patients must be adhered to in case the patient is pre-symptomatic and will subsequently develop symptoms

Should the patient subsequently develop symptoms consistent with COVID-19 the contact category will require reassessment.

Laboratory HCWs

- Lab HCWs who have not fully adhered to good laboratory practice in one work shift for **less than 15** minutes, while testing samples are classified as **Casual Contacts**.
- Laboratory HCWs who have not fully adhered to good laboratory practice for **15 minutes or more** in one work shift, while testing samples are classified as **Close Contacts**.

Laboratory HCWs who have taken recommended infection control precautions, including the use of appropriate PPE (i.e. a protected exposure while handling samples) of a case are not classified as contacts.

Returning Healthcare Workers:

Health care workers who are returning to Ireland will be asked to 'Restrict Movement' for 14 days unless that country is a 'Green List Country'. See <https://www2.hse.ie/conditions/coronavirus/travel.html> for up to date advice on travel.

5.3. Active and Passive follow-up definitions:

Active follow-up

- **Must not** remain at work
- **Must restrict movement**
- Linked to Occupational Health
- Close Contact specific advice provided
- Contacted on a daily basis
- Self-monitor for symptoms for 14 days after the exposure incident
- Contact Occupational Health/GP if they develop relevant symptoms

Passive follow-up

- Asymptomatic Casual Contacts Can remain at Work
- Symptomatic Casual Contacts **Must not** remain at work
- Casual Contact specific advice provided
- Self-monitor for symptoms for 14 days after the last potential exposure
- Contact Occupational Health/Emergency Department if they develop relevant symptoms

5.4. Preparation to manage contacts

- 5.4.1. Consider how close contact information can be provided as necessary
- 5.4.2. 'Casual Contacts' information sheets can be prepared with service contact details in preparation to be sent out to managers for distribution to HCWs providing care to a case. See section 7 for details.
- 5.4.3. Ensure important contact information is available. See Appendix 3 – Template for recording Important Contact Details can be used.

5.5. Exposure risk assessment

- 5.5.1. Contact needs to have occurred during the infectious period.
- 5.5.2. For the purposes of this guidance, given the current knowledge about COVID-19 transmission, the infectious period is defined as 48 hours before symptom onset in the case, until the case is classified as no longer infectious by the treating team (usually 5 days fever-free AND 10 days from symptom onset but may be longer in severely ill cases who are hospitalised). Where the test was on an asymptomatic HCW, the contact tracing period is from 24 hours before the date of test.
- 5.5.3. A register or 'log' of all HCWs involved in the care of a patient diagnosed with Coronavirus, or who fulfil the definition of a contact, should be collated by local management for the OHS. This should include the HCWs' contact details. These will be deemed 'Casual Contacts'.
- 5.5.4. Where a possible close contact incident has occurred, the Occupational Health service will carry out an exposure risk assessment.
- 5.5.5. OH will undertake active monitoring of Close Contact HCWs occupationally exposed to Coronavirus (i.e. contacts) and will inform the individual of the supports available.

5.6. Support, Counseling & Provision of Information

- 5.6.1. The OHS will ensure that all contacts have correct and accurate information in relation to their risk of exposure. See section 6 and 7
- 5.6.2. Contacts assigned to active monitoring will be contacted daily by Occupational Health and will be advised of actions should they display symptoms.
- 5.6.3. Contacts should be informed of the psychosocial supports that are available via the OHS and the local Employee Assistance Programme/ Employee Wellness Programme/ Staff Counselling services.
- 5.6.4. Local Employee Assistance services must be included in the information leaflets. See details on <https://healthservice.hse.ie/filelibrary/staff/employee-assistance-programme-contact-details-for-counsellors.pdf>

5.7. Occupational Blood Exposure

- 5.7.1. In the event of an occupational blood exposure such as a needlestick Injury/percutaneous injury or a mucocutaneous exposure, the standard occupational blood exposure management should be followed in line with the [Emergency Management of Injury \(EMI\) Guidelines](#)
- 5.7.2. All the necessary precautions will be taken to minimise the risks associated with handling blood from a known or suspected patient with Coronavirus.
- 5.7.3. The HCW will be followed up as a close contact following the incident.

5.8. Collection, updating, and reporting of contact data

- 5.8.1. Data is processed in accordance with the General Data Protection Regulations (GDPR) along with the Data Protection Acts 1988 – 2018. Confidentiality of the contacts data must be ensured with consent obtained for correspondence with services, such as the HCWs GP, outside of the Occupational Health service- see appendix 4 for sample consent.
- 5.8.2. Due to the large numbers of cases, the OHS should make contact with local Public Health to plan what details are required to be shared. PHD is responsible for collating all contact data returned from OHS on HCW contacts. Example of details to be shared are:
 - Numbers of close contacts associated with a case.
 - First and last date of monitoring per contact-Symptoms and date referred for testing (if relevant), and outcome of test.
- 5.8.3. Communication of contact details to Public Health does not require consent*. See Appendix 3 for Public Health contact details per region.
- 5.8.4. The contacts' management log can be used locally for maintaining data but this is not essential
- 5.8.5. The relevant Specialist in Public Health Medicine and National Clinical Lead in WHWU will be informed of outcome of monitoring/illness on an on-going basis

*The Medical Officers of Health (Directors of Public Health and Specialists in Public Health Medicine) have the responsibility under the Infectious Diseases Regulations 1981 as amended to investigate and control notifiable infectious diseases and outbreaks (Regulation 11). In order to do this, others must comply with requests for information necessary to carry out the MOH function (Regulation 19).

6. Management of HCW Close Contacts (Workplace Contact)

6.1. Monitoring

- 6.1.1. Management of close contacts depends on previous infection.
- 6.1.2. Close contacts of a confirmed case, with no previous history of confirmed COVID-19 infection, **may not remain at work** and should restrict movements for 14 days from last contact and undergo **active follow-up**.
- 6.1.3. Close contacts with a history of confirmed COVID-19 infection, within the previous 3 months, do not require restricted movement or active follow-up.

- 6.1.4. Close contacts with confirmed COVID-19 infection which occurred more than 3 months previously must restrict movement for 14 days and will require active follow-up.
- 6.1.5. An exception on restricted movement may be made for HCWs who may be required to return to work for **essential service needs**. See section 9 for details.
- 6.1.6. Close Contacts should be advised about their risk and the symptoms of COVID-19.
- 6.1.7. They will be provided with a Close Contact information leaflet
See linked leaflets - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>
- 6.1.8. They should be reminded about adhering to adequate respiratory etiquette and hand hygiene practice throughout the period of active monitoring.
- 6.1.9. Close contacts assigned to active monitoring will
- Self-Monitor for symptoms
 - Immediately notify OHS during normal working hours or GP on call outside of these hours if they develop any symptoms – See section 10.
- 6.1.10. Contact details should be specified on the Information Leaflet.
- 6.1.11. Contact should be made on a daily basis by Occupational Health to ask about relevant symptoms for 14 days after the last possible contact with a confirmed COVID-19 case. The Occupational Health Service undertaking this can make an operational decision as how best to manage this such as use of telephone calls, text messages or emails on a daily basis.
- 6.1.12. Contacts that are immuno-compromised or those taking antipyretic analgesia may not present with fever and the importance of reporting other symptoms should be stressed to them.
- 6.1.13. Less frequent active follow-up together with passive surveillance may be necessary if there are large numbers of close contacts to monitor
- 6.1.14. If they remain asymptomatic throughout the monitoring period, they may return to work after 14 days.

6.2. Testing of Close Contacts

- 6.2.1. Where a HCW has been identified as a close contact due to a workplace exposure, testing will be carried out on Day 5 from their last exposure to the case.
- 6.2.2. Regardless of the result of the Day 5 test, close contacts still need to restrict their movements for 14 days from their last exposure to the case (unless derogated to return to work by management – see section 9).
- 6.2.3. If test comes back positive they must self-isolate for 10 days from the date of test – see section 11 re testing of asymptomatic HCWs.
- 6.2.4. Close contact HCWs with confirmed past infections, within 3 months do not require this test if they remain asymptomatic – see section 12 re immunity.

6.3. Testing during an outbreak in an acute (hospital) setting

- 6.3.1. Where an outbreak has been identified in an acute hospital setting all HCWs in the affected ward/unit/setting will be tested.
- 6.3.2. Where there have been outbreaks on multiple wards in one hospital (typically this would apply when 2 or more wards are affected in a model 3 hospital and 3 or more wards in a level 4 hospital). In addition to identified close contacts being tested, all staff in the hospital will be tested on Day 0 and Day 7 unless otherwise

recommended by the local Outbreak Team/Consultant Microbiologist. See 'Self-assessment check list for Infection Prevention and Control (IPC) measures to manage the risk of spread of COVID-19 in the acute hospital setting' available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Acute%20Hospital%20Checklist%20for%20COVID-19%20Control%20Measures.pdf>

6.3.3. See <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/> for definition of an outbreak.

6.4. Testing following identification of a Hospital Acquired Infection

6.4.1. Following a single case of hospital acquired COVID-19 infection, in addition to identified close contacts being tested, all staff based on the ward in the previous 14 days will be tested on day 0 and day 7 unless otherwise recommended by the local Outbreak Team/Consultant Microbiologist

6.4.2. Where there are two or more linked cases on a ward or unit, in addition to identified close contacts being tested, all staff based on the ward in the previous 14 days will be tested on Day 0 and day 7 unless otherwise recommended by the local Outbreak Team/Consultant Microbiologist.

6.4.3. See 'Self-assessment check list for Infection Prevention and Control (IPC) measures to manage the risk of spread of COVID-19 in the acute hospital setting' available at <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Acute%20Hospital%20Checklist%20for%20COVID-19%20Control%20Measures.pdf>

6.5. Isolation and restrictions:

6.5.1. Close contacts of a workplace confirmed case will be unable to remain at work and should be advised to restrict their movements and interactions with others, as far as is practical.

6.5.2. Guidance on restricting movement and self-isolation is available on the HPSC website <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/selfisolationathome/>

7. Management of Casual Contacts

7.1. Monitoring

7.1.1. Casual contacts should undergo passive follow-up where they self-monitor for symptoms.

7.1.2. The manager should identify all casual contacts.

7.1.3. The manager should provide a Casual Contacts information leaflet.

See linked leaflets - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>.

7.1.4. They should be advised to self-isolate if they develop any relevant symptom and telephone their local Occupational Health Service/GP on call. See section 10.

7.2. Isolation and restrictions:

7.2.1.No restriction on movement, interactions with others or work is advised.

8. Health care workers returning or entering from abroad

8.1. Monitoring required for Returning HCWs

8.1.1.HSE HCWs, who have returned from travel outside of the island of Ireland will be required to stay out of the workplace for 14 days and self-monitor for symptoms, UNLESS the country is included a 'Green List Country' – see 8.1.5.

8.1.2.Occupational Health, will advise them to self-monitor for symptoms.

8.1.3.They will be provided with the Returning from Travel & New Entry Healthcare Worker Information leaflet

See linked leaflets - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>

8.1.4.These HCWs must be advised contact their GP immediately if they become symptomatic for assessment – see section 10.

8.1.5.HCWs that are immuno-compromised or those taking antipyretic analgesia may not present with fever and the importance of reporting other symptoms should be stressed to them.

8.1.6.HCWs who have visited 'Green List Countries' will not be required to restrict movement and may return to work on return without restriction or monitoring. See <https://www2.hse.ie/conditions/coronavirus/travel.html> for details of these countries.

8.1.7.However, if the HCW has travelled to work in a healthcare facility in a green list country, they should complete the self-assessment on return as per 'COVID-19 Testing Protocol for Healthcare Workers Moving to a Different Service'.

8.1.8.If a HCW has travelled abroad for 'imperative family or business reasons' (as per <https://www.gov.ie/en/publication/8318d-eu-council-recommendation-and-travel-for-an-essential-purpose/>), they must still remain out of the workplace for 14 days on return. The exemption applies while abroad only.

8.1.9.Some essential HCWs may be derogated to return to work following travel, before the 14 days restricted movement is completed as per section 9.

8.1.10. HCWs required to remain out of the workplace for 14 days, should otherwise adhere to government guidelines for restricted movement following travel specific to that country – See <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>.

8.2. New Entry HCWs

8.2.1.New entry HCWs travelling from outside the island of Ireland will be required to restrict movement for 14 days on arrival. UNLESS the country is included a 'Green List Country' – see 8.2.6.

8.2.2.They will be informed of this requirement by their recruiting service/Human Resources (HR)

- 8.2.3. The HCWs without suitable or available accommodation may be referred by their recruiting service/HR to Temporary Accommodation.
- 8.2.4. They can be provided with the Returning from Travel & New Entry Healthcare Worker Information leaflet
- See linked leaflets - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>
- 8.2.5. These HCWs must be advised to contact a GP immediately if they become symptomatic for assessment – see section 10.
- 8.2.6. HCWs travelling from ‘Green List Countries’ will not be required to restrict movement and may commence work without restriction or monitoring. See <https://www2.hse.ie/conditions/coronavirus/travel.html> for details of these countries.
- 8.2.7. However, if the HCW has been working in a healthcare facility in a green list country within 14 days of starting work, they should complete the self-assessment as per ‘COVID-19 Testing Protocol for Healthcare Workers Moving to a Different Service’. This will be provided by the HR/Recruiting service.

8.3. Isolation and restrictions:

- 8.3.1. HCWs who have returned from any travel or entering from outside of the island of Ireland will be unable to remain at work/commence work and should be advised to restrict movement for 14 days as per Returning HCW Contact Information leaflet or New Entry HCW Leaflet, UNLESS the country is included a ‘Green List Country’..
- 8.3.2. Guidance on restricted movement following travel is available at <https://www2.hse.ie/conditions/coronavirus/travel.html>.

9. HCW Excluded from Work, Returning Due to Essential Service Needs

9.1. Derogation of ‘Essential’ HCWs

- 9.1.1. If despite redeployment efforts/recruitment, an area cannot be staffed safely or a critical skill set to provide critical/essential services is unavailable, then derogation from management may be given to HCWs from the identified critical services to return to the workplace under appropriate monitoring.
- 9.1.2. The guidance for Derogation must be followed: **‘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’.**
- 9.1.3. Management must identify HCWs they deem ‘essential’ due to service needs. They may provide derogation for their return based on an assessment of risk.
- 9.1.4. Where the HCW is a close contact, managers must consider the specific risk of this close contact. There is an increased risk of exposure if aerosol generating procedures were carried out during their unprotected contact, or if they had unprotected contact with multiple index cases.
- 9.1.5. HCWs who have become symptomatic may not return to work

9.2. 'Essential' HCWs Requiring Active Monitoring

- 9.2.1. 'Essential' HCWs, who are close contacts due to healthcare or community contact with a confirmed case, may be allowed to return to work with active monitoring, for the remainder of the 14 days of restricted movement. .
 - 9.2.2. HCWs who are close contacts of a household member should not be derogated due to the increase likelihood of transmission when sharing a home. See section 13.
 - 9.2.3. The HCWs manager must ensure twice daily monitoring is carried out within the workplace. This monitoring must include a symptom check and temperature check (which must be $<37.5^{\circ}\text{C}$) and must be recorded on the Symptom Monitoring Chart' – see appendix 2.
 - 9.2.4. The first check must be prior to commencing their shift at work.
 - 9.2.5. As well as twice-daily symptom check by managers, daily active monitoring by Occupational Health will continue for close contacts.
 - 9.2.6. An 'Essential Healthcare Worker requiring active monitoring' leaflet will be given to these workers by Occupational Health.
- See linked leaflet - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>
- 9.2.7. These HCWs must bring carry surgical face masks and must record their symptoms and temperature on the 'Symptom Monitoring Chart' – see appendix 2.
 - 9.2.8. **If they become symptomatic or if their temperature is $\geq 37.5^{\circ}\text{C}$** , the HCW must put on their surgical mask, immediately self-isolate if and contact Occupational Health to arrange testing.

9.3. Monitoring

- 9.3.1. **If they become symptomatic or (if active monitoring) if their temperature is $\geq 37.5^{\circ}\text{C}$** , the HCW must immediately self-isolate if and contact Occupational Health/OHP on call to arrange testing.
- 9.3.2. If at home out of hours they can contact their GP on Call or if not acutely unwell, wait to contact Occupational health the next morning.
- 9.3.3. If at work out of hours in a hospital setting the ED may be contacted to arrange testing if available. If not they must return home, self-isolate and contact Occupational Health the next day.

10. Management of Symptomatic Contacts

10.1. Testing Criteria for Symptomatic Healthcare Workers

- 10.1.1. HCWs who develop symptoms must self-isolate immediately.
- 10.1.2. Testing will only be carried out on HCW who fulfil the following criteria:
 - A HCW with acute respiratory illness (sudden onset of at least one of the following: cough, fever, shortness of breath) **OR** sudden onset of anosmia (loss of sense of smell), ageusia (loss of sense of taste) or dysgeusia (distortion of sense of taste) **AND** with no other aetiology that fully explains the clinical presentation

- A HCW with any acute respiratory illness **AND** having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset;
- 10.1.3. Public Health must be informed in order to initiate contact tracing in the household.

10.2. Testing Managed by Occupational Health Services

- 10.2.1. Occupational Health will carry out assessment and testing of HCWs who are known Covid-19 Close/Casual Contacts from a workplace exposure.
- 10.2.2. If the Occupational Health service is not available these HCWs may contact their GP but must inform Occupational Health as soon as possible.

10.3. Other Symptomatic HCWs for Testing by GPs

- 10.3.1. HCWs who are symptomatic and do not fill the criteria of close or casual contact will be directed to contact their GP for assessment and testing.
- 10.3.2. Occupational Health Services may opt to carry out testing of HCWs who do not fulfil these criteria if resources allow.
- 10.3.3. HCWs undergoing testing from their GP or via the Emergency department should be advised to update OH with results.

10.4. Occupational Health Assessment and Testing Process

- 10.4.1. Occupational Health will advise immediate self-isolation, if not already in place. See Self Isolation at Home Guidance. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/>
- 10.4.2. A risk assessment will be carried out over the telephone. (See Algorithm – [Telephone Assessment, Testing Pathway and Return to Work of Symptomatic Healthcare Workers](#))
- 10.4.3. If the HCW's condition is stable, OH will arrange testing. If the HCW's condition may be unstable, the OH may contact the National Ambulance Service (NAS) who will organise the patients transfer to hospital for testing and medical management.

10.5. Symptomatic HCWs Who Do Not Fulfill the Criteria for Testing

- 10.5.1. HCWs who are symptomatic and do not fill the criteria for testing will be advised to self-isolate until they are symptom free for at least 48 hours. The HCW may then return to work, while self-monitoring for symptoms.

10.6. Results -COVID-19 Not Detected

- 10.6.1. For results ordered by the OH service, they will inform the HCW and provide advice re symptom management and further treatment with GP if necessary.
- 10.6.2. If COVID-19 is not detected, those symptomatic close/casual contacts will still need to be monitored for 14 days after their last contact with a confirmed COVID-19 case. They will return to either active or passive surveillance as determined by the initial risk assessment.

- 10.6.3. If Not Detected and if the HCW had no known contact or had casual (protected) contact with known COVID-19 case in the healthcare environment, they can return to work once asymptomatic for 48 hours.
- 10.6.4. If the HCW remains symptomatic by day 14, they will continue to be excluded from work and must contact their GP to manage their care, including for certification.

10.7. Results - COVID-19 Detected

- 10.7.1. OH informs the HCW, advises they must continue to self-isolate as per the guidance and advise them to contact their GP for on-going medical management of care.
- 10.7.2. Contact tracing within the service and community may be required if it was not previously commenced
- 10.7.3. HCWs who are medically well can return to work 10 days after symptom onset (or date of test if no symptoms) AND 5 days with no fever. Please note a persistent cough is possible for a period after infection and will not impact on the HCWs return to work.
- 10.7.4. The hospital specialist or GP will provide advice regarding return to work if required.

10.8. Results – Awaited

- 10.8.1. HCWs who are medically well can return to work 10 days after symptom onset AND 5 days with no fever if results are not yet available due to delays in the testing process.

10.9. Results - Indeterminate

- 10.9.1. If results for a symptomatic HCW are ‘indeterminate’, a second test must be ordered immediately. The HCW must continue to self-isolate while waiting for the test results.

10.10. Results – Inpatient with Weak Positive PCR Swab result

- 10.10.1. If a PCR swab result on an inpatient is ‘Weak Positive’ the consultant microbiologist and /or the Infection Prevention and Control clinician may request a repeat swab.
- 10.10.2. If the 2nd PCR swab result remains ‘Weak Positive’ or ‘Not detected’, it would indicate that the Index Case was not infectious at the time of the 1st swab being taken and this can be confirmed by a consultant microbiologist.
- 10.10.3. Should this arise, the COVID 19 infection prevention and control precautions can be stepped down.
- 10.10.4. If the consultant microbiologist has confirmed that the index case was not infectious from the time of the 1st swab, then allocation of ‘close contact’ status to HCWs can be removed and these HCWs may return to work with immediate effect, with no further restrictions or monitoring applied.

11. Testing of Asymptomatic HCWs

11.1. Results - COVID-19 Detected – no previous history of confirmed Infection

- 11.1.1. Asymptomatic HCWs with COVID-19 Detected results must commence self-isolation immediately once informed of the test results, for 10 days from the date of the test.
- 11.1.2. Contact tracing within the service and community will be carried out from 24 hours before the test.
- 11.1.3. If the HCW develops symptoms of COVID-19 during these 10 days, they must self-isolate for 10 days from the date the symptoms began.
- 11.1.4. HCWs who are medically well can return to work 10 days after symptom onset (or date of test if no symptoms) AND 5 days with no fever.

11.2. Results - COVID-19 Detected – History of COVID-19 Infection

- 11.2.1. HCWs with a history of COVID-19 infection who have
 - completed 10 days of self-isolation
 - whose illness has resolved,
 - who have then been retested as part of an enhanced testing programme in a healthcare facility and results show 'COVID-19 detected'
- 11.2.2. HCWs tested within 3 months of infection onset can continue to attend work if they are asymptomatic.
- 11.2.3. HCWs tested after 3 months from date of infection onset must self-isolate and be managed as a new case

11.3. Results – Indeterminate

- 11.3.1. If results for an asymptomatic HCW are 'indeterminate', a second test must be ordered immediately. The HCW can continue working while waiting for the test results unless they become symptomatic.
- 11.3.2. In some instances a decision may be made not to retest where there is an 'indeterminate' result, for example during a set screening programme. This decision will be made specific to that programme, based on the requirements of the screening and any other relevant information.

11.4. Symptoms prior to test

- 11.4.1. If a HCW is asymptomatic and tests positive for COVID-19 but then outlines how they may have previously had symptoms consistent with COVID: i.e. subsequently gives a history of previous symptoms :
 - If the HCW reports symptoms consistent with COVID -19 **within** 10 days prior to the test - they must remain off work **from the date symptoms commenced**.
 - If they report symptoms consistent with COVID-19 greater than 10 days **prior** to the test –they must remain off work for 10 days **from the date of the test**.

12. Immunity following Covid-19 Infection

12.1. Post Infection Immunity

- 12.1.1. The HCW is considered to have some immunity if previously has Covid-19 detected during swabbing.
- 12.1.2. If the HCW is identified as a close contact again within 3 months of infection, they can continue to work as long as they are asymptomatic, and there is no requirement for them to restrict movement. These close contacts do not require testing on day 0 and day 7 following last contact, as required for other close contacts with no history of infection. The HCW should self-monitor and self-isolate if they become unwell.
- 12.1.3. If the HCW develops symptoms consistent with COVID-19, they should be excluded from work immediately and be tested for COVID-19 and other respiratory viruses.
- 12.1.4. All HCWs identified as a close contact 3 months or more after infection must restrict movement for 14 days and must be tested on day 0 and day 7 following last contact.
- 12.1.5. See HPSC Frequently Asked Questions on Immunity and Infection
- <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/frequentlyaskedquestions/frequentlyaskedquestionsonimmunityandinfection/>.

12.2. Covid-19 reinfection

- 12.2.1. A HCW who has had previous infection with COVID-19 and fully recovers (10 days restrictions, last 5 days fever free) but subsequently develops symptoms consistent with COVID-19, must self-isolate and be clinically assessed for testing for COVID-19.
- 12.2.2. If Covid-19 is detected:
 - As per the Expert Advisory Group on Covid-19, tests have limitations and need to be considered in the context of the clinical picture. If an alternative diagnosis does not explain the clinical presentation, this suspected case of re-infection should be reported to public health.
 - If re-infection cannot be excluded, then it cannot be assumed that the case is not infectious. Contact tracing must be carried out.

13. Healthcare Workers who are Household contacts

13.1. Household Contacts

- 13.1.1. 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'. Clinical discretion can be applied when evaluating if a HCW is a 'household contact'.

- 13.1.2. Advice for testing of household members will come from their medical provider/GP and will be based on the algorithms for assessment and testing pathways for adults and children – see <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/algorithms/>. Specific information on the assessment and decision making pathway for all children is also available on this page.
- 13.1.3. Contact Tracing will be carried out by public health and relevant guidance will be provided by them.

13.2. Symptomatic Household Member - meets the criteria for COVID-19 swabbing:

- 13.2.1. The HCW, who is a household contact, should restrict movement until the COVID-19 result is known.
- 13.2.2. If the household member test result indicates Covid-19 is “Not Detected”, the HCW can RTW even if the household contact continues to be symptomatic.
- 13.2.3. If the household member test result indicates Covid-19 is ‘Detected’ the HCW must restrict movement and should not attend work for 14 days from their last close contact with the household member. Please note, if the household member with COVID-19 can’t be isolated at home and there is an **on-going exposure risk**, the HCW should restrict movements for a maximum of **17 days** from the onset of index case symptoms (or date of test if asymptomatic). Contacts of contacts do not need to restrict movements.
- 13.2.5. For information specific to children please see algorithm - ‘COVID-19 Management of contacts of cases in the school setting’. <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/algorithms/>.
- 13.2.6. The HCW should self-monitor for symptoms and should self-isolate immediately if symptoms develop.

13.3. Symptomatic Household Member - does not meet the criteria for Covid-19 swabbing:

- 13.3.1. The HCW can continue to work.
- 13.3.2. The HCW should self-monitor for symptoms and should self-isolate immediately if symptoms develop.
- 13.3.3. There is no requirement for derogation.

13.4. Positive HCW with Household Contact that develops COVID-19

- 13.4.1. Where a HCW who tested positive, has completed self-isolation, and can return to work as per section 10.7, if a household contact of this HCW becomes symptomatic or is confirmed COVID-19 Detected’, the HCW can return to work and does not have to restrict movement, as per section 12.

14. Rapid Antigen Detection Testing RADT

14.1. Interim advice on RADT

- 14.1.1. When Occupational Health is informed of a positive RADT result which was undertaken in a worker in a vulnerable setting, population group or workplace, public health advise the following action.

- repeat testing using RT-PCR
 - self-isolation for the case,
 - initiation of contact tracing and other IPC measures for those affected.
- 14.1.2. If the PCR test is not detected, was not taken at the same time as the initial RADT sample, and the new patient sample is PCR negative, the original positive antigen test result should still hold.
- 14.1.3. This should be managed in conjunction with the consultant microbiologist where available..

15. References:

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World Health Organisation. (2020). *Coronavirus disease (COVID-19) outbreak*. Available: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. Last accessed 16th Oct 2020.

Health Protection Surveillance Centre. (2020). *Frequently Asked Questions on Immunity and Infection*. Available: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/frequentlyaskedquestions/frequentlyaskedquestionsonimmunityandinfection/>. Last accessed 28th Nov 2020

16. Appendix 1 - Template letter to GPs re contacts assigned to active monitoring

Occupational Health Details

Tel:

Date:

Patient Name:

Date of Birth:

Address:

Dear Dr. _____

The above named has been in recent contact with a patient with laboratory confirmed Novel Coronavirus (COVID-19). As a disease control measure, they are undergoing active surveillance by staff at the Occupational Health Service _____. This service will contact them daily to screen for the next xx days for symptoms of COVID-19. They have been advised to self-isolate and contact the Occupational Health Service/Emergency Department immediately if they become unwell.

Please do not hesitate to contact us if you have any queries. Up-to-date information on COVID-19 is available at www.hpsc.ie.

Yours sincerely

Specialist in Occupational Health Medicine
MCRN

17. Appendix 2 – Close Contact Symptom Monitoring Chart

Name: _____ Date of Birth: _____

Date of incident/last exposure: _____

Day	Date	Time	Temp	Symptoms noted
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Symptoms of COVID-19 infection can include any of the following:

- Fever
- Cough
- Shortness of breath
- Difficulty breathing
- Anosmia (loss of sense of smell),
- Ageusia (loss of sense of taste)
- Dysgeusia (distortion of sense of taste)
- If at any time you develop symptoms, refer to the **Close Contact information Leaflet** at <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>.

18. Appendix 3 – Template for recording Important Contact Details

Contact		Landline	Mobile
Occupational Health Service			
Occupational Health Specialist on call	8am – 8pm Saturday and Sunday		0876197040
Local designated receiving hospital 1 • Emergency Department •			
Local designated receiving hospital 2 • Emergency Department •			

Public Health On Call Numbers – available 8am – 8pm daily			
HSE E	– 01 6352145	HSE NW	– 071 9852900
HSE M	– 057 9359891	HSE SE	– 056 7784142
HSE MW	– 061 483337	HSE S	– 021 4927601
HSE NE	– 046 9076412	HSE W	– 091 775200

19. Appendix 4 – Consent Form- Sharing of Healthcare Worker Information

Name: _____	Address: _____
Date of birth: _____	_____
Mobile: _____	_____

I agree to the sharing of information with the following:

Public Health Yes ☐ No ☐

My General Practitioner – Name: _____ Yes ☐ No ☐

Address: _____

Name, address and date of birth will be used as identifying information for correspondence.

Clinical information to be shared:

1. The outcome of the risk assessment identifying the level of risk of exposure to Coronavirus
Yes ☐ No ☐
2. The outcome of contact tracing
Yes ☐ No ☐

I understand I can request a copy of my records in line with HSE Data Protection guidance 'HSE Data Protection and Freedom of Information Legislation- Guidance for Health Service Staff'.
(Please note requests must be in writing) Yes ☐ No ☐

Verbal Consent Obtained: Yes ☐ No ☐

By (Print): _____

Signature: _____ Date: _____