
	<h1>Guideline Document</h1>				
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Updates in Version 29	
Section	Updates
All	Updated length of immunity post confirmed COVID-19 infection to 9 months in line with updated evidence. Changed text in line with PH guidance re 'Person Under Investigation' suspected or confirmed VOC Changed text in line with PH guidance re 'Significant Vaccine Protection'
6.2	Added link to PH guidelines on 'Impact of Vaccination' for current definition of 'Significant Vaccine Protection'.
6.3 12.1 13.2 15.3	Updated following email from HPSC advising close contacts of a PUI must 'restrict movement' instead of 'self-isolate' Updated in line with PH guidance indicating that close contacts of a Person under Investigation of a VOC, can exit restricted movement with confirmation of day 0 and day 10 'not detected' test results. Specified they can then return to work.
6.5	Clarified testing is for HCWs without 'significant vaccine protection' or confirmed infection within 9 months,
7.1	Merged with previous section 7.2 re isolation and restrictions
8.2	Included update to travel guidance in line with PH guidance <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/algorithms/VOC%20pathway_travel_including%20GB.pdf">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/algorithms/VOC%20pathway_travel_including%20GB.pdf</a>
9.1	Updated to specify that some HCWs may not require derogation if they have significant vaccine protection or previous infection within 9 months, instead of requirement for preference to be given to close contacts who had the COVID-19 vaccination.
13.2	Referred to section 6 for self-isolation requirements for household members
15	Some text wording changed

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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 relating to relevant leave and entitlements, as well as reasonable accommodations, should this be required following potential workplace exposure to COVID-19.
- 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 management 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/>



### 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<sup>†</sup>, 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<sup>†</sup>) 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/>

<sup>†</sup> 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.

*Please note: If the asymptomatic patient is diagnosed with having COVID-19 and is suspected or confirmed to have a variant of concern as per <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/sars-cov-2variantsofconcern/>, the HCW must self-isolate as outlined in section 6.*

### **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 must follow Government guidance available at <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>

### 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/staff/benefits-services/benefits/counselling.html>

## **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 is not required to 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 and testing of Close Contacts who are unvaccinated or no COVID-19 infection within 9 months

- 6.1.1.Management of close contacts depends on previous infection, vaccination status and variant type. Management of vaccinated close contacts and HCWs with a history of confirmed COVID-19 infection within the previous 9 months is outlined in section 6.2. Monitoring and testing of HCW close contacts of a Person Under Investigation (PUI), probable or confirmed variant of concern (VOC) are outlined separately in section 6.3.
- 6.1.2.Close contacts of a confirmed case (not a VOC), with no previous history of confirmed COVID-19 infection within the previous 9 months or without 'significant vaccine protection' (see 6.2.1 for further details), **may not remain at work** and should restrict movements for 14 days from last contact and undergo **active follow-up**.
- 6.1.3.These close contacts require Day 0 and Day 10 testing, and can exit from restricted movements if the Day 10 test is reported as 'not detected', if they remain asymptomatic. In the absence of a Day 10 test, close contacts must restrict their movements for 14 days.
- 6.1.4.If a test comes back positive the HCW must self-isolate for 10 days from the date of test – see section 11 re testing of asymptomatic HCWs. If the HCW develops symptoms during that 10 days, they must self isolate for 10 days from the date of onset of symptoms.
- 6.1.5.Close contacts with confirmed COVID-19 infection which occurred **more than 9** months previously must restrict movement as per 6.1.2.
- 6.1.6.An exception on restricted movement may be made for Close Contacts who may be required to return to work for **essential service needs**. See section 9 for details.
- 6.1.7.Close Contacts should be advised about their risk and the symptoms of COVID-19.
- 6.1.8.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/>
- 6.1.9.They should be reminded about adhering to adequate respiratory etiquette and hand hygiene practice throughout the period of active monitoring.
- 6.1.10. Close contacts assigned to active monitoring are required to
- 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.

- 6.1.11. Contact details should be specified on the Information Leaflet.
- 6.1.12. Contact should be made on a daily basis by Occupational Health to ask about relevant symptoms for the period of restricted movement. 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.
- 6.1.13. 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.
- 6.1.14. Less frequent active follow-up together with passive surveillance may be necessary if there are large numbers of close contacts to monitor
- 6.1.15. If they remain asymptomatic throughout the monitoring period, they may exit restricted movement and return to work when their day 10 test is reported as 'not detected'.

## **6.2. Vaccinated close contacts or HCWs within 9 months since confirmed COVID-19 infection**

- 6.2.1. For the purpose of this guidance 'vaccinated close contacts' are those defined as having 'significant vaccine protection'. The current definition for 'significant vaccine protection' is available in the 'Guidance on the impact of vaccination on contact tracing' – see <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/>.
- 6.2.2. Vaccinated close contacts and HCWs with a history of confirmed COVID-19 infection within the previous 9 months do not require restricted movement, testing or active follow-up unless these specific circumstances apply:
  - The case is a 'Person Under Investigation' (PUI), probable or confirmed VOC. In this situation the close contact should be managed as a close contact of a VOC. (see 6.3)
  - If the person's immune system response to vaccination could be compromised due to either a known medical condition or being on immunosuppressive treatment. A list of medical conditions and immunosuppressive treatments which are associated with sub-optimal response to vaccines is available on table 5.2 on the 'The Immunisation Guidelines for Ireland', Chapter 5a – COVID-19
  - It is otherwise recommended by the local Outbreak Team/Consultant Microbiologist or Occupational Health service, in the case of a Hospital Acquired infection or outbreak (see 6.4 and 6.5)
  - The close contact develops symptoms of COVID 19, in which case they need to immediately self-isolate and be referred for one test. If the test result is negative they can discontinue self-isolation once they are symptom free for 48 hours.
- 6.2.3. These Close contacts will be provided with a 'Casual Contacts/Vaccinated Close contact' information leaflet. See linked leaflets - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>

### 6.3. Monitoring and testing – Close Contacts of ‘Variants of Concern’

- 6.3.1. For information on ‘Variants of Concern’ (VOC) see - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/sars-cov-2variantsofconcern/>
- 6.3.2. Close contacts in which the case is a PUI, probable or confirmed variant of concern must restrict movement for 14 days. They also require testing at day 0 and day 10 and can exit restricted movement with confirmation of ‘not detected’ test results and can then return to work. . Positive tests must be sent for whole genome sequencing.
- 6.3.3. Close contacts with a history of confirmed COVID-19 infection within the previous 9 months or who have completed vaccination, are not exempted from close contact follow-up, if the contact is with a case that is a PUI, probable or confirmed variant of concern. They must follow the requirement for restricted movement and testing.
- 6.3.4. They will be provided with a Close Contact (Variants of Concern) information leaflet. See linked leaflets - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>
- 6.3.5. If sequencing results confirm the index case does not have a VOC, the close contact must revert to follow the process outlined in 6.1 and 6.2.

### 6.4. Testing during an outbreak in an acute (hospital) setting

- 6.4.1. Where an outbreak has been identified in an acute hospital setting all HCWs in the affected ward/unit/setting will be tested.
- 6.4.2. 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 as outlined in section 6.2, 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>
- 6.4.3. See <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/> for definition of an outbreak.

### 6.5. Testing following identification of a Hospital Acquired Infection

- 6.5.1. Following a single case of hospital acquired COVID-19 infection, in addition to identified close contacts being tested as outlined in section 6.2, all HCWs without ‘significant vaccine protection’ (see 6.2) or confirmed infection within 9 months, who are 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

- 6.5.2. Where there are two or more linked cases on a ward or unit, in addition to identified close contacts being tested as per 6.2, all HCWs without 'significant vaccine protection' (see 6.2) or confirmed infection within 9 months, who are 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.
- 6.5.3. 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>

## **7. Management of Casual Contacts**

### **7.1. Monitoring**

- 7.1.1. Casual contacts should undergo passive follow-up where they self-monitor for symptoms. No restriction on movement, interactions with others or work is required.
- 7.1.2. The manager should identify all casual contacts.
- 7.1.3. The manager should provide a Casual Contacts/Vaccinated Close contact information leaflet.
- See linked leaflets - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>.
- 7.1.4. Casual contacts with a history of confirmed COVID-19 infection, within the previous 9 months, or who have significant vaccine protection, do not require these leaflets.
- 7.1.5. Casual contacts 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.

## **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 must follow Government advice for travel available at <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>
- 8.1.2. All these HCWs are advised 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.All HCWs returning from travel 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/>
- 8.1.6.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 follow government requirements for quarantine on return. The exemption applies while abroad only.
- 8.1.7.Some essential HCWs may be derogated to return to work following travel, before the 14 days restricted movement is completed as per section 9.
- 8.1.8.One particular exemption is HCWs transferring patients to non-designated states with full PPE throughout journey. Controlled travel via air force and ambulance services for full journey. If no known close contact/breach of PPE no testing or quarantine applies.

## **8.2. HCWs travelling to Ireland from countries requiring additional restrictions and monitoring:**

- 8.2.1.Those travelling from ‘[designated states](#)’, will be required to quarantine on entry to the country as per government guidance - <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>.
- HCWs with significant vaccine protection or with a history of confirmed COVID-19 infection, within the previous 9 months, can exit quarantine with a day 5 negative test and return to work.
  - For HCWs without this immunity, they can exit quarantine if results are confirmed ‘not detected’ on Day 0 and Day 10 test, and return to work.
- 8.2.2.For the latest details on travel please see ‘Quick Guide for Healthcare Worker (HCW) Management’ available at <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/quick-guide-for-healthcare-worker-management1.pdf>.

## **8.3. New Entry HCWs**

- 8.3.1.New entry HCWs travelling from outside the island of Ireland will be required to follow government guidance for quarantine on arrival in line with Government guidance - <https://www.gov.ie/en/publication/b4020-travelling-to-ireland-during-the-covid-19-pandemic/>. They will be informed of this requirement by their recruiting service/Human Resources (HR)
- 8.3.2.The HCWs from non-‘designated states’ without suitable or available accommodation may be referred by their recruiting service/HR to Temporary Accommodation.
- 8.3.3.They can be provided with the Returning from Travel & New Entry Healthcare Worker Information leaflet - <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>
- 8.3.4.These HCWs must be advised to contact a GP immediately if they become symptomatic for assessment – see section 10.

## 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 are 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.Some HCWs may not require derogation if they have significant vaccine protection or previous infection within 9 months.
- 9.1.5.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, if they had unprotected contact with multiple index cases, or if they are a close contact of a household case.
- 9.1.6.Close contacts of suspected or confirmed cases with a COVID-19 VOC cannot be derogated.
- 9.1.7.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 of a confirmed case, may be derogated to return to work with active monitoring, for the remainder of the restricted movement. They can exit restricted movement and this monitoring with a confirmed Day 10 'not detected' test result.
  - 9.2.2.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°C) and must be recorded on the Symptom Monitoring Chart' – see appendix 2.
  - 9.2.3.The first check must be prior to commencing their shift at work.
  - 9.2.4.As well as twice-daily symptom check by managers, daily active monitoring by Occupational Health will continue for close contacts.
  - 9.2.5.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/>
- 9.2.6.These HCWs must bring carry surgical face masks and must record their symptoms and temperature on the 'Symptom Monitoring Chart' – see appendix 2.

### 9.3. Monitoring

- 9.3.1. If the HCW becomes symptomatic or (if active monitoring) if their temperature is  $\geq 37.5^{\circ}\text{C}$ , they 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 should 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 until the day 10 test result is confirmed 'not detected', after their last contact with a confirmed COVID-19 case, or for 14 days where the contact was with a suspected or confirmed VOC case. They will return to either active or passive surveillance as determined by the initial risk assessment. They must be asymptomatic for 48 hours prior to returning to work.
- 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 after the period of restricted movement, 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 for 10 days from the date the symptoms began (or, if asymptomatic, from the date of the test) and advises them to contact their GP for on-going medical management of care. If they are a close contact of a VOC they must self-isolate for 14 days.
- 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 after the period of self-isolation if they are 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.
- 10.7.5. Where a HCW with a COVID-19 detected result AND who either has significant vaccine protection OR who had a confirmed Covid-19 infection within the previous 9 months, the test should be referred for whole genome sequencing, to identify the COVID-19 variant.

#### **10.8. Results – Awaited**

- 10.8.1. HCWs who are medically well can return to work after the period of self-isolation if they are fever free for 5 days 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 2<sup>nd</sup> PCR swab result remains 'Weak Positive' or 'Not detected', it would indicate that the Index Case was not infectious at the time of the 1<sup>st</sup> 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 1<sup>st</sup> 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 9 months of infection onset can continue to attend work if they are asymptomatic, unless they are known to have close contact with a suspected or confirmed case with a COVID-19 VOC – see section 6.3
- 11.2.3. HCWs tested after 9 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 to COVID-19**

## **12.1. Immunity due to infection or vaccination**

- 12.1.1. The HCW is considered to have immunity if previously had Covid-19 'detected' confirmed in the previous 9 months or if they have significant vaccine protection as per section 6.2.

- 12.1.2. If the HCW is identified as a close contact again within 9 months of infection, or significant vaccine protection is reached, 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/day 10 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 non-vaccinated or partially vaccinated HCWs identified as a close contact 9 months or more after infection must restrict movement and must be tested on day 0 and day 10 following last contact. They can exit restricted movement once the day 10 result is confirmed as 'not detected', if they remain asymptomatic.
- 12.1.5. See HPSC Frequently Asked Questions on Immunity and Infection - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/frequentlyaskedquestions/frequentlyaskedquestionsonimmunityandinfection/>.
- 12.1.6. The exception to the above is if the case is a suspected or confirmed case with a COVID-19 VOC, then the HCW with past infection within 9 months or a vaccinated HCW must follow the requirement for 14 days restricted movement and testing as per section 6.3.

## **12.2. Covid-19 reinfection or infection post vaccination**

- 12.2.1. A HCW who has had previous infection with COVID-19 in the previous 9 months and fully recovers (10 days restrictions, last 5 days fever free), or a HCW who has significant vaccine protection, who 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:
- The test should be sent for whole genome sequencing
  - 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/infection post vaccine should be reported to public health.
  - If re-infection/infection post vaccine cannot be excluded, then it cannot be assumed that the case is not infectious. Contact tracing must be carried out.
  - This requires a discussion with a clinical consultant microbiologist or consultant virologist.

## **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, (unless they have completed a COVID-19 vaccination as per section 6.2 or if they have had confirmed covid-19 infection within the previous 6 months).
- 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 until their day 10 test result is confirmed 'not detected' once they have remained asymptomatic. 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.
- 13.2.4. If a HCW has significant vaccine protection or had COVID-19 infection within 9 months as per 13.2.1 they do not need to restrict movement and can continue to work, unless the household member is a PUI, suspected or confirmed VOC.
- 13.2.5. If the household member is a PUI, suspected or confirmed VOC the HCW must restrict movement as per section 6.
- 13.2.6. 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/>.
- 13.2.7. 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, unless the household member has a suspected or confirmed VOC, as per section 12.

## **14. Antigen Detection Testing (ADT)**

### **14.1. Guidance on ADTs**

- 14.1.1. The HPSC has issued 'Interim guidance on the use of Antigen Detection Tests (ADTs) in the public health system in Ireland' - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/laboratoryguidance/Guidance%20on%20use%20of%20ADT%20in%20the%20public%20health%20system.pdf>.
- 14.1.2. ADTs may be used for HCW testing:
  - To support early diagnosis in hospital outbreaks, including testing of symptomatic health care workers;
  - In identification of infectious cases in outbreaks, and also in using repeat ADTs to guide decisions on when to declare an outbreak closed.
  - In situations where ADTs can reduce pressures on the hospital's capability for rapid PCR testing
- 14.1.3. ADT should be managed in conjunction with the consultant microbiologist where available.

### **14.2. ADT 'Not Detected' Result**

- 14.2.1. If the ADT result is "not detected", and the pre-test probability of infection is high in this instance (e.g. the HCW is a known close contact with symptoms)
  - repeat using PCR test
  - HCW must self-isolate until confirmed PCR 'not detected'.
- 14.2.2. If the ADT result is "not detected", and there is no pre-test probability of infection. (E.g. Outbreak but HCW is not a known 'close' contact), there is no requirement for repeat testing using RT-PCR.

### **14.3. ADT 'Detected' Result**

- 14.3.1. If the ADT result is 'detected' that HCW will be treated as having confirmed COVID-19 and will be managed as per section 10.7.
- 14.3.2. If the test was taken in an outbreak situation, at least one person in the outbreak should be tested using PCR to confirm that this is a PCR confirmed COVID-19 outbreak. This can be done in parallel with ADT testing.

## **15. Management of Healthcare Workers moving to a different service**

### **15.1. All HCWs**

- 15.1.1. All Healthcare Workers (HCWs), both clinical and non-clinical, who are moving to new posts or moving from one healthcare service to another (including as contract, agency workers or students), should consider their risk prior to moving.

- 15.1.2. HCWs entering the country must comply with Government guidelines. See section 8.

**15.2. Unvaccinated HCWs**

- 15.2.1. Unvaccinated HCWs or partially vaccinated HCWs must be tested within 3 days before commencing work. They should contact their existing Occupational Health Service (OHS) approximately one week prior to commencing in their new role, to request testing. If they have no OHS in their existing role, they can request testing from their new Occupational Health Service.
- 15.2.2. If the HCW has been identified as a close contact, is symptomatic or has tested positive for COVID-19, they should follow the advice regarding restricted movement or self-isolation and advise the new service HR department or manager of their current inability to attend work.

**15.3. Vaccinated HCWs**

- 15.3.1. Vaccinated HCWs (as outlined in section 6.2) do not require testing prior to moving from one service to another.
- 15.3.2. The HCW will need to provide evidence of vaccination to the Occupational Health Service and manager.
- 15.3.3. Vaccinated HCWs who have been identified as a close contact with a case of COVID-19 in which the case is a 'Person Under Investigation', probable or confirmed VOC, should follow the advice regarding restricted movement and advise the new service HR department or manager of their current inability to attend work.
- 15.3.4. Vaccinated HCWs with a condition or undergoing treatment that may cause a suboptimal response to vaccination must identify this to Occupational Health so a decision can be made regarding the need to test.

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## 17. 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](http://www.hpsc.ie).

Yours sincerely

Specialist in Occupational Health Medicine  
MCRN

## 18. 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/>.

## 19. 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

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

<b>Name:</b> _____	<b>Address:</b> _____
<b>Date of birth:</b> _____	_____
<b>Mobile:</b> _____	_____

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: \_\_\_\_\_