



Guideline Document

Ref: GD:10:06.1

Guidance on Fitness for Work of Immunocompromised or Pregnant Healthcare Workers in Relation to COVID-19

Issue date	20th Jul 2020	Revised Date:	14th Feb 2024	Review date:	Feb 2027
Author(s):	Workplace Health & Wellbeing Unit				
Consultation With:	Clinical Advisory Group on COVID-19 Chief Clinical Officer Institute of Obstetricians & Gynaecologists Immunology Expert				
Responsibility for Implementation:	Healthcare Services Management				

Updates in Version 10:06

Title changed (Previously Guidance on Fitness for Work of Healthcare Workers in the Higher Risk Categories, including Pregnant Healthcare Workers')
Change from 'high risk' to 'immunocompromised' throughout
Section 2 updated following consultation with Dr N Conlon, Immunology
References updated
Appendix 1 updated following consultation with IOG
Appendix 2 updated regarding vaccination – changed to 'NIAC recommended vaccination'
Links updated

Updates in version 10:06.1

Webpage link changed

Table of Contents

1.	Introduction	3
2.	Fitness for work assessment for HCWs who are immunocompromised	3
3.	Outcome of the Occupational Health assessment.....	4
4.	Pregnant HCWs	4
5.	HCWs returning to work in their substantive post in the workplace	5
6.	HCWs who cannot return to work in their substantive post in the workplace	5
7.	Advice and support during return to work phase	5
8.	References	6
9.	Appendix 1 - Updated Statement from IOG and WHWU	7
10.	Appendix 2 – Algorithm for Pregnant HCW Occupational Health Assessment	8

1. Introduction

Healthcare workers (HCWs) who were previously considered in the “High” and “Very High” risk categories may have been advised to work remotely during the COVID-19 pandemic, prior to the widespread rollout of the vaccination programme.

Due to the success of the national vaccination programme, and the reduction of Covid infections many of these “High” and “Very High” HCWs have returned to the workplace and/or clinical duties. The epidemiology of COVID-19 in Ireland has changed, with Healthcare Facilities accounting for a significantly lower proportion of outbreaks.

Healthcare Facilities’ risk mitigation measures remain important and include Infection Prevention and Control (IPC) measures and workplace Risk Assessments.

HCWs continue to be offered vaccination in accordance with National guidelines, including extended primary dosing as required, and booster vaccinations.

<https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/clinicalguidance.pdf>

Immunocompromised adult patients may not mount an adequate response to COVID-19 vaccination or SARS-coV-2 infection due to their underlying conditions, regardless of vaccine status’. The HSE Interim Guidance for the Pharmacological Management of Patients with COVID-19 is used to determine the risk – see appendix 2 of https://hospitalbuddy.ie/uploads/resource/document/1941/hse_interim_guidance_for_the_pharmacological_management_of_patients_with_covid-19.pdf

As such, immunocompromised HCWs may require further assessment regarding fitness for work if there is a significant increase in Covid infections.

Pregnant HCWs should be managed as per the joint IOG/OH guidance (Appendix 1) and algorithm (Appendix 2)

2. Fitness for work assessment for HCWs who are immunocompromised

2.1.

HCWs in the following groups may require assessment regarding fitness for work:

- A HCW who has been advised by their specialist that they have a condition or are taking therapeutic treatment or medication that would cause them to be immunocompromised or at risk of severe disease OR defined as being in Tier 1, by their treating specialist – See Appendix 2 of ‘HSE Interim Guidance for the Pharmacological Management of Patients with COVID-19’. https://hospitalbuddy.ie/uploads/resource/document/1941/hse_interim_guidance_for_the_pharmacological_management_of_patients_with_covid-19.pdf
- HCW has been advised to restrict social contact in the community by their treating Specialist.
- HCW has particular concerns about their health and work specifically in relation to COVID-19.

2.2. The following must be provided prior to the Occupational Health assessment of these HCWs:

- Completed management referral.
- Letter from the HCWs treating specialist. This can be provided directly by the HCW to OH and should include
 - Underlying medical condition:

- Current therapeutic treatment:
- Tier level as per Clinical Prioritisation Framework for the Use and Prescribing of Emerging Novel Therapeutics for COVID-19*
- Opinion on HCWs vulnerability to COVID infection
 - Evidence of vaccination, if vaccinated. The HCW is expected to bring relevant documentation regarding COVID vaccination to their assessment.
 - Evidence of previous Covid 19 infection, if relevant.

*https://hospitalbuddy.ie/uploads/resource/document/1941/hse_interim_guidance_for_the_pharmacological_management_of_patients_with_covid-19.pdf

Please note extensive research has taken place to establish laboratory correlates of protection against COVID19 (Perry et al 2022). However, there are no universally accepted correlates of protection and there is significant heterogeneity within the literature (Public Health Ontario). Markers of humoral immunity such as serum anti-spike IgG may be relative correlates of protection, with higher levels associated with a decreased risk of infection. However, there is a limited utility of individual results outside structured studies, as infection can still occur. Furthermore, a low or absent antibody response does not outweigh a robust and valuable cellular immune response to COVID-19 viral proteins (Murray et al). Routine use of such assays is not currently recommended and serological evidence of post COVID-19 vaccination antibody levels cannot be used.

3. Outcome of the Occupational Health assessment

- 3.1. If the HCW is not deemed fit to return in person to the workplace, then consideration should be given to the provision of temporary 'alternative employment options' for the HCW, in line with the HSE Rehabilitation Policy: www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/.
- 3.2. Where alternative suitable roles are available, these will be on a temporary basis, until COVID-19 is no longer a significant risk in their substantive role. Possible temporary alternatives to consider maybe
 - Relocation – Same job in an alternative location where risk assessment indicates control measures can be put in place.
 - Change in tasks
 - Change in role +/- retraining – Alternative roles such as office based role with required controls in place for physical distancing or ability to work from home.
- 3.3. If the HCW disagrees with the outcome of the Occupational Health assessment they may appeal and may be requested to provide further information e.g. specific documentation from their treating specialist.

4. Pregnant HCWs

- 4.1. The Workplace Health & Wellbeing Unit and OH Clinical Advisory Group, in collaboration with the Royal College of Physicians of Ireland, Institute of Obstetricians and Gynaecologists (IOG) have developed guidance and produced a joint statement on pregnant HCWs.
- 4.2. The Institute of Obstetricians and Gynaecologists (IOG) have also developed a document '[Questions and Answers for pregnant and breastfeeding women about COVID-19 vaccination](#)' and a webpage on [COVID-19 vaccines, pregnancy and breastfeeding FAQs](#) which employees can access.
- 4.3. Pregnant HCWs should be managed in line with the joint IOG/OH statement (Appendix 1). See appendix 2 for algorithm.
 - COVID-19 vaccination is strongly recommended for all pregnant HCWs.

- All healthy vaccinated pregnant HCW can work in clinical settings.
- Healthy pregnant HCW who choose to be unvaccinated can choose to return to a clinical setting.
- Occupational Health assessments are not required for healthy pregnant HCWs in relation to COVID 19.
- All pregnant HCWs should have a Pregnancy Risk Assessment performed as usual by their manager.
- Pregnant HCWs should not, as far as is practicable, be routinely assigned to work with known or suspected COVID-19 cases.
- Pregnant HCW, whether they are vaccinated or not, with solid organ transplants and immunosuppressive conditions or treatments should be referred to OH.
- Pregnant workers, with specific health or work concerns should discuss those with their Specialist in Obstetrics and be referred to OH for assessment, during which formal advice from the treating Obstetrician will be reviewed.

5. HCWs returning to work in their substantive post in the workplace

- 5.1. HCW returning to work in their substantive post in the workplace must receive appropriate induction and training in relation to [Infection Prevention and Control Guidance](#) (IPC). This training must be completed, either prior to return, or as soon as possible on return to work.
- 5.2. A Risk Assessment for the Workplace should be completed by the HCWs manager.
<https://healthservice.hse.ie/staff/benefits-services/health-and-safety/carrying-out-a-risk-assessment.html>

6. HCWs who cannot return to work in their substantive post in the workplace

- 6.1. HCW who cannot return to work in their substantive post in the workplace, and where no alternative roles or duties can be found, the manager must engage with the HCW and Human Resources (HR) to discuss possible solutions in accordance with the Rehabilitation Policy. www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/rehabilitation/.
- 6.2. In these instances the Risk Assessment must be reviewed within 6 months, or earlier if there is new or emerging evidence, a change in the medical condition or treatment, or a change in the National Public Health guidance.

7. Advice and support during return to work phase

- 7.1. HCWs should be supported in their return to work by their manager and colleagues. They should be made aware of further supports available, such as the Employee Assistance Programme or their Occupational Health service. <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit>

8. References

- Health Services Executive. (2022). Work safely - arrangements for COVID-19. Available at: <https://healthservice.hse.ie/staff/covid-19-staff-support/safety-arrangements-for-returning-to-work/>.
- Government of Ireland. (2022). Transitional Protocol: Good Practice Guidance for Continuing to Prevent the Spread of COVID-19 Available: <https://www.gov.ie/en/publication/63ba6-transitional-protocol-good-practice-guidance-for-continuing-to-prevent-the-spread-of-covid-19/>.
- Health Services Executive. (2020). People at higher risk from coronavirus. Available: <https://www2.hse.ie/conditions/covid19/people-at-higher-risk/overview/>.
- Health Services Executive. (2020). Risk Assessment Prompt Sheet- COVID-19 Work Safely Protocol. Available: <https://healthservice.hse.ie/filelibrary/staff/covid-19-work-safely-protocol-risk-assessment-prompt.pdf>.
- Institute of Obstetricians and Gynaecologists. (2023). Hot topics and general resources – Covid 19. Available: <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Hot-topics-and-resources/Hot-topics-and-general-resources>.
- Society of Occupational Medicine. (2021). COVID-19 return to work in the roadmap out of lockdown: guidelines for workers, employers and health practitioners'. Available: https://www.som.org.uk/COVID-19_return_to_work_in_the_roadmap_out_of_lockdown_March_2021.pdf
- Hall V, Foulkes S, Charlett A, et al. Do antibody positive healthcare workers have lower SARS-CoV-2 infection rates than antibody negative healthcare workers? Large multi-centre prospective cohort study (the SIREN study), England: June to November 2020. 14 January 2021. Available at: <https://www.medrxiv.org/content/10.1101/2021.01.13.21249642v1> .
- Royal College of Obstetricians and Gynaecologists. (2021). Covid-19 Guidance for maternity services. <https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2021/05/COVID19-pregnancy-040521.pdf>
- Health Services Executive (2022). 'HSE Interim Guidance for the Pharmacological Management of Patients with COVID-19'. Available: https://hospitalbuddy.ie/uploads/resource/document/1941/hse_interim_guidance_for_the_pharmacological_management_of_patients_with_covid-19.pdf.
- Perry J, Osman S, Wright J, Richard-Greenblatt M, Buchan SA, et al. (2022) Does a humoral correlate of protection exist for SARS-CoV-2? A systematic review. PLOS ONE 17(4): e0266852. <https://doi.org/10.1371/journal.pone.0266852>
- Public Health Ontario. (2023). COVID-19 Correlates of Protection – What We Know So Far. [Online]. [www.publichealthontario.ca/](https://www.publichealthontario.ca/-/media/Documents/nCoV/COVID-WWKSF/2023/05/covid-19-correlates-protection.pdf?sc_lang=en). Available at: https://www.publichealthontario.ca/-/media/Documents/nCoV/COVID-WWKSF/2023/05/covid-19-correlates-protection.pdf?sc_lang=en
- Murray CE, O'Brien C, Alamin S, Phelan SH, Argue R, Kiersey R, Gardiner M, Naughton A, Keogh E, Holmes P, Naughton S, Scanlon A, Sloan A, McCrea P, Sui J, Dunne J, Conlon N. Cellular and humoral immunogenicity of the COVID-19 vaccine and COVID-19 disease severity in individuals with immunodeficiency. Front Immunol. 2023 Mar 24;14:1131604. <https://pubmed.ncbi.nlm.nih.gov/37033955/>

9. Appendix 1 - Updated Statement from IOG and WHWU

Occupational Health Advice for employers and pregnant people working in a Health Care Setting, relating to COVID-19.

Agreed by Institute of Obstetrics and Gynaecology and Workplace Health and Wellbeing Unit

Pregnant people are at no greater risk of contracting infection than their Healthcare Worker (HCW) colleagues but may be at greater risk of severe illness.

With Covid-19 in the endemic phase, pregnant people should not limit activities, including indoor events.

Advice

- COVID-19 vaccination is strongly recommended for all pregnant HCWs.
- Pregnant HCWs should not, as far as is practicable, be routinely assigned to work with known or suspected COVID-19 cases
- Occupational Health assessments are not required for healthy pregnant HCWs in relation to COVID 19. All healthy vaccinated pregnant HCW can work in clinical settings
- All pregnant HCWs should have a Pregnancy Risk Assessment performed as usual by their manager
- Healthy pregnant HCW who choose to be unvaccinated can choose to return to a clinical setting.
- Pregnant HCW, whether they are vaccinated or not, with solid organ transplants and immunosuppressive conditions or treatments should be referred to OH.
- Pregnant workers, with specific health or work concerns should discuss those with their Specialist in Obstetrics and be referred to OH for assessment, during which formal advice from the treating Obstetrician will be reviewed.

10. Appendix 2 – Algorithm for Pregnant HCW Occupational Health Assessment

