

# Considerations for a local dynamic institutional risk assessment in the context of health and care workers returning to work following a diagnosis of COVID-19

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This document should be considered alongside the following documents:

1. [Public Health Advice for Health and Care Workers for the Management of COVID-19 Cases and Contacts algorithm](#)
2. [Public Health & Infection Prevention & Control Guidelines on Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities V1.11 04.04.2023](#)

## Introduction

Recently updated public health guidance recommends that patient-facing health and care workers (HCWs) should, in general, follow advice for the public following recent suspected or confirmed COVID-19 infection.

However, those working with high risk populations should undergo a local dynamic institutional risk assessment before returning to work. As nursing home residents are considered a high risk population, a local dynamic institutional risk assessment may be required for resident-facing HCWs returning to work in nursing homes.

## Local dynamic risk assessment

### Step One

In all circumstances, prior to returning to work ensure the following:

- The HCW must feel well enough to work.
- They must not have a high temperature (>38.0C) and 48 hours must have passed with symptoms having substantially or fully resolved.
- They should not consider returning to work until they have completed five full days of isolation following onset of symptoms.
- They must adhere to all relevant infection, prevention and control procedures when they return to work.

### Step Two

When undertaking a local dynamic risk assessment, consider the following checklist of factors which may indicate a higher likelihood of onward transmission or adverse outcomes amongst vulnerable residents if present:

- Is there an open outbreak in facility?
- Is there evidence of severe COVID-19 disease within the facility, e.g hospitalisations, deaths?
- Is there evidence of co-circulation of other respiratory pathogens, e.g influenza, RSV?
- Is there an inadequate level (<80% uptake) of COVID-19 vaccine uptake in residents?

- Is there an inadequate (<80% uptake), or unknown level of COVID-19 vaccine uptake in staff?

### Step Three

Where the risk assessment suggests a factor within the facility which could indicate a higher likelihood of adverse outcomes (e.g two or more 'yes' answers from Step Two) , or if there is a specific concern for the risk to vulnerable residents in the setting, the adoption of one of the following options should be considered:

1. Redeploy the HCW to a non-resident facing role up to day 10 post symptom onset.  
OR
2. Request the HCW wear a mask up to day 10 post symptom onset for patient-facing activities  
OR
3. Request the HCW undertake daily antigen tests from day 5 onward – return to work only when two antigen tests are negative 24 hours apart, or after day 10.

This local dynamic institutional risk assessment should be undertaken by the HCW's line manager in consultation with the HCW. Expert advice may be sought from infection prevention control, occupational health and/or public health colleagues, as consideration might need to be given around the virulence of circulating COVID-19 variants and potential for immune escape.