



Protocol for assessment and monitoring of international humanitarian aid workers who return to Ireland

Version 1.4 December 2022

1. Notification

- a. All humanitarian aid workers going to affected countries from Irish based NGOs or WHO's Global Outbreak And Response Network (GOARN) are asked to provide their details for a register maintained by the Health Protection Surveillance Centre (HPSC). This includes information on date of return. The form is in 2 parts. Part 1 is completed by the worker prior to deployment. Part 2 is completed immediately prior to return by the sending organisation.
- b. The HPSC is the national contact point for Irish humanitarian aid workers who have gone to affected countries from NGOs who have coordinated this from the UK (e.g. MSF and GOAL workers). On return, these workers who are on the UK register and who live in Ireland will be notified to the HPSC by the UK, and the HPSC will contact the relevant HSE Public Health Area for assessment and monitoring.

2. Risk assessment

- a. The Public Health Area will make contact with the humanitarian aid worker (HAW) on his/her return
- b. Risk assessment is carried out using the [contact assessment form](#) and as per [VHF guidance](#).
- c. Workers are assessed as either high or low risk contacts, or as having had no exposures i.e. not at risk. Based on date of last exposure, the period of monitoring will be determined.
- d. If no exposures, then workers are advised to be aware of symptoms via an information leaflet contained within the contact pack on the HPSC website [here](#). If they need to seek medical advice, they should phone before attending and tell them of their history of travel.

3. Monitoring of those with exposures

- a. Those with low risk exposures who are not healthcare workers are asked to take their temperature twice daily and to report to Public Health if they develop symptoms or a fever of $>37.5^{\circ}\text{C}$. Non healthcare workers with high risk exposures, and healthcare workers with either low or high risk exposures are to be monitored actively daily for fever or other VHF symptoms, including twice daily temperature check and once daily reporting to Public health or occupational health. See detailed contact tracing guidance for any restrictions on work. Inform SPHM on call at HPSC and the on-call consultant for the National Isolation Unit if any contact has had a high risk exposure.
- b. Should the HAW under active 21 day monitoring decide to travel to another jurisdiction during their monitoring period, they should be advised that: contact will be made with the appropriate Public Health authorities in the country that they are visiting they should adhere to the monitoring procedure that the destination country advises.

Note: The HPSC should be informed by the SPHM monitoring the HAW of travel to another country so that HPSC can make contact with the appropriate Public Health authorities in that country so that the HAW can continue followed up as appropriately.

4. Monitoring log for those under active monitoring

- a. Daily monitoring form is available for use locally.
- b. Inform HPSC SPHM on call of any contact who develops symptoms.

5. Inform NIU of persons with high risk exposure

- a. Inform NIU of any contact who has had a high risk exposure, so that they that they are aware of this person, and of their role in assessment if the person develops symptoms.

6. Pathway of care

- a. If contact develops symptoms, Public Health should discuss the case with the key VHF contact NIU. There should be a low threshold for referral for hospital assessment.