

**NPHET Paper: 30<sup>th</sup> July 2020.**

**Title: Report on Testing of Healthcare Workers and Non-Consultant Hospital Doctors in Hospitals**

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29<sup>th</sup> July 2020

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## 1. Context

1.1 Healthcare workers are a high-risk population to acquire SARS-CoV-2 infection. Confirmed cases of Covid-19 in healthcare workers account for 32% of all confirmed cases in the Irish population.

The testing of HCW and NCHDs outlined in Section 2-4 of this document aligns with:

Recommendation 6 of the Strategic Approach to Covid-19 Testing in Ireland “A public health led approach to testing of HCWs in acute hospital settings should be developed, and aligned with the testing strategy for hospital patients...”

And

Recommendation 4 of the Action Plan for Covid-19 Testing in Acute Hospitals - “All HCW changing Hospitals from July 2020 should be offered a test, with a focus on those moving from areas of high prevalence to low prevalence”.

Further recommendations on the approach to testing of HCW and NCHDS are contained within the “COVID-19 RNA/PCR Testing of Health Care Workers in Ireland – Public Health Recommendations on Strategic Approach”. An update on each of the eleven recommendations made in this document is contained within Section 5 of this report.

1.2 Definition of NCHD The term NCHD refers to persons employed in the public health service in Ireland as Interns, Senior House Officers, Registrars, Senior Registrars, Specialist Registrars or otherwise for the purpose of providing medical services and/or the pursuance of medical training, who for the purposes of such employment are not employed as Consultants. Healthcare workers, in particular Non-Consultant Hospital Doctors (NCHDs) may move posts and locations at regular intervals.

## 2. Introduction

In June 2020, the National Public Health Emergency Team (NPHE) advised that COVID-19 testing should be considered for Healthcare Workers (HCWs) moving to new posts. The Workplace Health and Wellbeing Unit decided that all Healthcare Workers moving to new posts should complete a COVID-19 Healthcare Worker Relocation Self Risk Assessment (see Appendix 1) and may require testing prior to moving. Testing consists of SARS-CoV2 PCR (swabbing). Additional local arrangements may apply, which require HCWs to be tested in advance of commencing employment as part of the Hospital Group/CHO management of COVID-19 in the workplace.

The annual Non-Consultant Hospital Doctor (NCHD) post changeover commenced on Monday 13<sup>th</sup> July 2020. The 7,000 NCHDs employed in the HSE or in HSE-funded organisations were the first HCWs to be tested under this protocol.

### 3. Process Timeline

#### 3.1 Monday 29<sup>th</sup> June 2020

- The self-risk assessment was emailed to all NCHDS who had accounts on the Doctors Integrated Management E-System (DIME), which is run by National Doctors Training and Planning (NDTP).
- NCHDs were advised to complete the self-risk assessment and to upload the document to the Occupational Health module, Immunisation section of their National Employment Record, NER.
- NCHDs were advised to follow the guidance at the end of the self-risk assessment.
- COVID-19 testing was recommended for NCHDs moving from an area of higher COVID-19 endemicity to an area of lower endemicity. Areas of higher endemicity include CHO 6, 7 and 9 and all Dublin Hospitals. Testing was also recommended for NCHDs moving from Residential Care Facility (RCF) posts to hospital posts or to other RCF posts, and for NCHDs who have had known or possible contact with COVID-19 patients.
- NCHDs who fit the criteria set out for testing were advised to contact their existing Occupational Health Service during the week commencing Monday 29<sup>th</sup> June to request testing in the week prior to changeover.

#### 3.2 Monday 6<sup>th</sup> July 2020

- Testing was ordered by NCHDs' existing Occupational Health Services during the week commencing Monday 6<sup>th</sup> July.
- NCHDs who tested positive for COVID-19 were advised to self-isolate and to contact their new Occupational Health Service by phone to inform them of this results.

## 4. Results

One NCHD tested positive for COVID-19 as a result of the COVID-19 Testing Protocol for NCHDs at changeover. This NCHD was moving from Dublin Midlands Hospital Group / CHO 7 to Saolta Hospital Group (West/North West) / CHO 2. The NCHD was asymptomatic and had no travel history.

### 4.1 Overall Results

Number of NCHDs employed in the HSE or in HSE-funded organisations in June 2020	C 7,000
Number of NCHDs tested for COVID-19 under this protocol	635
Number of NCHDs who tested positive for COVID-19 under this protocol	1
Percentage of NCHDs who tested positive for COVID-19 under this protocol	0.16%

Note: At changeover, 2 NCHDs tested positive for COVID-19 outside of this protocol, i.e. tested by GPs/Public Health.

### 4.2 Results by Hospital Group

Hospital Group	Number of NCHDs tested	Number of NCHDs who tested positive	Percentage of NCHDs who tested positive
Saolta (West/North West)	28	0	0%
Midwest	0	0	0%
South/South West	131	0	0%
Ireland East	130	0	0%
Dublin Midlands	128	1	0.78%
Dr Steevens Hospital (Irl East/Dublin Midlands)	55	0	0%
RCSI (Dublin North East)	132	0	0%
Children's	31	0	0%
<b>Total</b>	<b>635</b>	<b>1</b>	<b>0.16%</b>

#### 4.3 Results by Community Healthcare Organisation (CHO)

<b>CHO</b>	<b>Number of NCHDs tested</b>	<b>Number of NCHDs who tested positive</b>	<b>Percentage of NCHDs who tested positive</b>
CHO 1	0	0	0%
CHO 2	28	0	0%
CHO 3	0	0	0%
CHO 4	12	0	0%
CHO 5	135	0	0%
CHO 6	96	0	0%
CHO 7	143	1	0.7%
Dr Steevens Hospital (CHO6/7)	55	0	0%
CHO 8	2	0	0%
CHO 9	164	0	0%
<b>Total</b>	<b>635</b>	<b>1</b>	<b>0.16%</b>

## 5. Update on Recommendations

Eleven recommendations were outlined in “Covid-19 RNA/PCR Testing of Health Care Workers in Ireland – Public Health Recommendations on Strategic Approach” and an update on each recommendation is provided below.

### 5.1 Recommendation 1

**Recommendation:** Epidemiological knowledge gaps regarding COVID-19 in HCWs in Ireland must be addressed. The HSE must facilitate an integrated governance and surveillance approach to COVID-19 infections in HCWs. This should cover those elements of HCW infection surveillance which involve HPSC, HSE Public Health, HSE Occupational Health and the HSE CRM system.

**Action Owner:** Health Protection Surveillance Centre

**Update:** Weekly HPSC Epi-reports on Healthcare Worker available and enhanced linkages with CRM has occurred.

### 5.2 Recommendation 2

**Recommendation:** “The HSE (CMP or Occupational Health Services) should undertake an enhanced investigation of the most recent HCWs COVID-19 infections (last 100 cases) to gather data regarding the setting in which affected HCWs work, their scope of practice, PPE use, whether they were working in a setting with an ongoing COVID-19 outbreak, whether they work across healthcare settings, their accommodation arrangements (if possible to collect this information – e.g. is overcrowding an issue, do they live with other HCWs working in the acute/community sector) etc.”

**Action Owner:** Occupational Health and Public Health

**Update:** This project is being undertaken by Professor Mary Codd, University College Dublin in conjunction with Public Health and Occupational Health using data from the CRM. Report includes qualitative and quantitative review of 400 HCWs. Final report expected Mid-late August.

### 5.3 Recommendation 3

**Recommendation:** “The HSE should undertake enhanced epidemiological studies of 6 current hospital outbreaks of COVID-19, 5 of which are occurring in larger Dublin hospitals where community prevalence is currently higher than the rest of the country, to better understand sources of infection, chains of transmission and risk factors for infection. This should include additional targeted testing of all HCWs who have any link with the outbreak affected areas in the hospital and also further testing of other HCWs in those hospitals based on Public Health risk assessment”.

**Action Owner:** Health Protection Surveillance Centre

**Update:** This study is now complete and a draft report is being prepared by Dr. Lois O’Connor, HPSC.



## 5.4 Recommendation 4

**Recommendation:** HCWs will be tested for SARs-CoV-2 if they fit the case definition for COVID-19; if they are identified as a close contact of a confirmed case; if testing is requested based on public health risk assessment in the context of an outbreak in a healthcare setting. Of note, broadening of the case definition which was implemented on Wed 3<sup>rd</sup> June 2020 will further increase the sensitivity of symptom monitoring as a means of detecting cases of COVID-19.

**Action Owner:** Occupational Health

**Update:** This recommendation is in place.

## 5.5 Recommendation 5

**Recommendation:** Where cases of COVID-19 occur in a setting where vulnerable populations are cared for/reside, testing of residents and staff will be based on a Public Health risk assessment. This includes both acute and community-based settings, e.g. hospital, nursing home, residential care facility, home care setting, direct provision centre, facility for the homeless or a traveller community setting. Public Health will maintain a high index of suspicion and a low threshold for testing.

**Action Owner:** Public Health

**Update:** In place: Public Health take a risk based approach to testing and have been advised to maintain a high index of suspicion and a low threshold for testing.

## 5.6 Recommendation 6

**Recommendation:** An alert should be sent to all HCWs nationwide with information regarding IPC and self-monitoring for symptoms of COVID-19 and action to take if the HCW becomes symptomatic. The alert should include the following information, which can be tailored to HCW category:

- IPC as control measure
- Recognise the potential for asymptomatic transmission
- Information regarding the current case definition
- Need to self-monitor
- Self-assessment tool
- Actions to take if HCW becomes symptomatic in workplace or at home
- Instructions on how to access testing
- All HCW should have access to OH services

**Action Owner:** Occupational Health

**Update:** This action has been completed.

## 5.7 Recommendation 7

**Recommendation:** All healthcare organisations and settings should have clear governance arrangements for symptom monitoring among HCWs and should have a mechanism in place to ensure that symptomatic HCWs do not attend work – the responsibility for this should lie with the managers of each facility. In addition, HCWs must have access to appropriate IPC training resources for all categories of HCWs, e.g. via HSELand. Enhanced training can be targeted to groups of HCWs in higher risk settings identified on a prospective basis, e.g. HCWs in healthcare facilities in which outbreaks of COVID-19 occur.

**Action Owner:** Occupational Health, AMRIC and Service Providers

**Update:** Ongoing. Infection Prevention and Control guidance and training focused on early identification of suspected cases, appropriate patient placement, measures to minimise the number of people exposed and the duration of exposure and on Standard Precautions for all patients at all times. The guidance was supplemented by training videos and by local training in facilities by local infection prevention and control practitioners.

From 19th March to 30th June 2020, there have been over 71,000 successful completions of the modules including 2,858 from people who self-identify as working in a Private Care Home facility. Infection prevention and control education webinars were hosted by the HSE national antimicrobial and infection control team (AMRIC) on a regular basis. These webinars were publicised via the HSE COVID-19 partner engagement group and promoted via community service leads. The webinar resources for IPC are accessible to view on [hpsc.ie](https://hpsc.ie).

## 5.8 Recommendation 8

**Recommendation:** All acute hospitals should undertake an urgent risk assessment to determine which areas/services in their hospital are ‘high risk’ for COVID-19 transmission to HCWs and ensure all necessary measures are put in place to mitigate those risks. In the context of these areas, the hospital should plan to commence regular PCR/RNA testing of a representative sample of HCWs from such areas and this should be planned in conjunction with advice and guidance from their local public health department.

**Action Owner:** Occupational Health

**Update:** Symptom check alerts issued. Hospitals aware of managing their environments. All HCWs have access to testing. Further testing is undertaken based on a public Health risk assessment – see also Recommendation 10.

## 5.9 Recommendation 9

**Recommendation:** The HSE should develop a plan for serial PCR/RNA testing for CoVID-19 of HCWs working in areas of highest risk in the RCF sector, e.g. nursing homes and those providing home care to elderly people, as an approach to surveillance of COVID-19 in these workers. This plan should be informed by best available evidence on approach to serial testing in this target group.

**Action Owner:** HSE Lead for Testing and Tracing

**Update:** Serial PCR/RNA testing for all HCWs in nursing homes commenced June 24<sup>th</sup> for a period of 4 weeks. This process has just completed and is the subject of a separate report to NPHE.

## 5.10 Recommendation 10

**Recommendation:** In the overall national approach to SARS-CoV-2 seroprevalence studies in Ireland, consideration should be given to measuring seroprevalence in HCWs; e.g., groups of HCWs in different geographical locations with differing prevalence rates of COVID-19 in the community. This recommendation should be read along with recommendation 9 in the testing strategy report for the general population.

**Action Owner:** HSE Health Protection; Acute Hospitals

**Update:** An Oversight Group, chaired by NCDHP, has been established to design and implement a seroprevalence study of SARS Co-V 2 in HCWs in 2 selected hospitals. These hospitals have been recruited, 1 in Dublin and 1 outside Dublin. A Principal Investigator has been identified. Planning underway to undertake the seroprevalence study in mid to late September, with a view to a 2<sup>nd</sup> wave of sero-testing in April 2020. Business case, full study proposal and ethics approval application currently under development.

## 5.11 Recommendation 11

**Recommendation:** The HSE Contact tracing programme (CMP) should seek to identify all those who work in a Health-care setting, and clarify their role, rather than just ask whether they are a HCW, to provide optimal data for interrogation.

**Action owner:** HSE Lead for Testing and Tracing.

**Update:** Complete. The enhanced surveillance form developed includes staff categories and roles.

## Appendix 1: COVID-19 Healthcare Worker Relocation Self Risk Assessment

Name (print): \_\_\_\_\_ Current Job title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile phone no: \_\_\_\_\_

Moving from: \_\_\_\_\_ Moving to: \_\_\_\_\_

	Please Tick	
	Yes	No
<b>1. Symptoms - within past 14 days, have you experienced:</b>		
• Fever/Chills/Sweating		
• Shortness of breath		
• New/Worsening cough		
• Sore throat		
• Malaise/Aches		
• Loss of taste or smell		
• Vomiting/Diarrhoea		
<b>2. Recent exposure (within past 14 days) - workplace or other</b>		
• Unprotected contact with a confirmed or probable case		
• Advised to restrict your movement in the past 14 days?		
• Advised to self-isolate in the past 14 days?		
• Working under derogation in the past 14 days		
<b>3. Travel/Relocation</b>		
• Travel within 14 days from outside the island of Ireland		
• Relocation from another region of the country		
• Relocation from a Residential Care Facility post to a hospital post		
<b>4. Previous Test</b>		
• No positive COVID-19 test within the past 3 months. (if tested within past 3 months with a 'COVID-19 detected' result, please tick <b>NO</b> and enter the date symptoms began here - _____)		
<p>1. If you have any of the symptoms listed in Section 1, please self-isolate and contact your existing Occupational Health Service or your GP for assessment and possible testing.</p> <p>2. If you had unprotected contact (appropriate Personal Protective Equipment not worn) with a confirmed or probable case within 14 days before your start date, have been identified as a 'close contact' and are restricting movement as a result, you will be tested at day 0 and day 7. Please advise your new Occupational Health Service.</p> <p>3. If you have travelled from outside the island of Ireland within 14 days before your start date, you must self-isolate for 14 days from the date of return. Testing is not required unless you develop symptoms. Please advise HR of your travel and the requirement to self-isolate.</p> <p><b>If you are relocating from an area of higher endemicity to lower endemicity, or from a Residential Care Facility post to a hospital post, you should be tested* by your existing Occupational Health Service before you transfer. Areas of higher endemicity include CHO 6, 7 and 9 and all Dublin Hospitals. Please contact your existing Occupational Health Service to request a test 1 week prior to transfer. Please contact your new Occupational Health Service by phone to inform them of any positive results.</b></p> <p><b>However, if you have had known or possible contact with COVID-19 patients, please also request testing.</b></p> <p>4. If you have tested positive within 3 months and <u>are asymptomatic</u>, you can be considered immune for 3 months from onset of symptoms (in original infection). However if you become symptomatic you must self-isolate and report to your Occupational Health Service.</p> <p>You can find contact details for your local Occupational Health Service at: <a href="http://workwell.ie/contact-list/contact-your-local-occupational-health-service/">workwell.ie/contact-list/contact-your-local-occupational-health-service/</a> or by emailing <a href="mailto:hr.wellbeing@hse.ie">hr.wellbeing@hse.ie</a>.</p> <p>*testing consists of SARS-CoV2 PCR (swabbing)</p>		
Signature: _____	Date: _____	

