

**From the Chief Medical Officer
Prof Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD) 01/2022

FOR ACTION

Chief Executives, Public Health Agency/Health and Social
Care Board/HSC Trusts/ NIAS

GP Medical Advisers, Health & Social Care Board

All General Practitioners and GP Locums (*for onward
distribution to practice staff*)

OOHs Medical Managers (*for onward distribution to staff*)

RQIA (*for onward circulation to all independent sector
health and social care providers*)

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Our Ref: HSS(MD) 01/2022

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PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

**MANAGEMENT OF HEALTH AND SOCIAL CARE STAFF WHO ARE
CONFIRMED CASES OF COVID-19 OR WHO CLOSE CONTACTS OF A
CONFIRMED CASE – UPDATE ON GUIDANCE CONTAINED IN HSS 91/2021**

The purpose of this letter is to provide updated operational guidance to support implementation of the policy set out in HSS(MD) 91/2021 *“Updated policy for management of self-isolation of close contacts of covid-19 cases - additional safeguards for health and social care staff”* issued on 31 December 2021.

The guidance in this letter is applicable to all health and social care settings including all Trust services, domiciliary care, general practice, dentistry and community services. Separate additional guidance for care homes will be issued, by the PHA.

Background

HSS (MD) 91/2021 sets out the guidance Trusts should apply when considering staff who are themselves confirmed cases of COVID-19 or have been identified as close contacts of confirmed COVID-19 cases. This letter provides updated guidance on four main areas.

- Management of staff identified as close contacts of confirmed COVID-19 cases who are eligible for the COVID-19 booster dose but have either not received it or who were within 14 days of receipt when they were identified as close contacts.

- Removal of the guidance to confirm a positive Lateral Flow Test (LFT) result with a PCR test.
- Management of staff who are confirmed cases who have a positive lateral flow result at and beyond day 10.
- Recommencing regular PCR and LFT following a confirmed diagnosis of COVID-19.

Management of staff identified as close contacts of confirmed case of COVID-19 who are eligible for a booster but have not received it.

HSS(MD) 91/2021 sets out the guidance Trusts should follow to support the return to work of staff identified as close contacts of confirmed cases of COVID-19. The guidance can be applied to staff who have had two doses of an approved vaccine and a **booster dose** at least 14 days prior to the date of their exposure to the confirmed case. It can also be applied to staff who are not yet eligible for the booster because it is less than three months since their second dose.

A temporary exemption until 14 January 2022 allowed staff who, are eligible for the booster but have either not yet received it or were within 14 days of the booster at the time of the exposure to COVID-19, to return to work following a risk assessment if there was a serious risk to service continuity as a result of workforce shortages. Trusts were asked to take steps to ensure eligible staff received a booster by 31 December 2021 to avoid negative impacts on staffing once the time limited exemption expires on 14 January 2022.

From 14 January 2022 onwards, staff in this situation cannot be considered for return to work unless all the following conditions are met:

- The safe delivery of services is threatened because of staffing,
- A risk assessment has been carried out and documented,
- Each case is individually considered and authorised in writing by a Director,
- Records should be maintained for cases where staff return in this situation.

This limited exemption will be kept under review and may be removed in the future. Trusts should immediately redouble all efforts to prioritise and promote vaccine uptake among staff.

Temporary removal of guidance to take a PCR test to confirm a positive lateral flow test result.

When COVID-19 prevalence is as high as it is currently in Northern Ireland, a positive lateral flow result is extremely likely to indicate that the individual has COVID-19 and that they are infectious. The risk of a false positive result is small. There are fewer than 3 false positive results for every 10,000 lateral flow tests taken. This applies to health and social care workers as well as the general population.

A health and social care worker who tests positive on a lateral flow test should assume they have COVID-19 and isolate in line with current guidance. They should report the result on [Report a COVID-19 rapid lateral flow test result - GOV.UK](#).

www.gov.uk). There is no need to book a PCR test unless they are in one of the clinical groups who may be eligible for one of the new COVID-19 treatments.

The guidance on confirmatory PCR will be kept under review. Confirmatory PCR is likely to be re-introduced when prevalence falls later in this wave.

Management of staff who are confirmed cases who have a positive lateral flow result at and beyond day 10

Since 31 December 2021, individuals who tested positive for COVID-19 can leave isolation on day 7 - provided they have two negative lateral flow tests taken 24 hours apart on two consecutive days. The earliest the first test can be taken is day 6.

Health and social care workers can return to work from day 7 as long as the guidance set out in HSS(MD) 91/2021 is followed. While this has shortened isolation periods for many and permitted staff to return to work, a small proportion of individuals (thought to be around 5%) will test positive up to and including day 10. For the general population, testing can be stopped at day 10 and the individual can leave isolation. However, additional safeguards are required before health and social care workers' can return to the workplace.

Health and social care workers who test positive at day 10 should take a daily lateral flow test on days 11 – 14 until they get a single negative result. After day 10 they can return to work immediately following a single negative result.

The likelihood of a positive LFT test after 14 days is considerably lower. If the staff member's LFT test result is still positive on the 14th day, they can stop testing and return to work on day 15. If the staff member works with patients or residents who are especially vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment.

Recommencing regular asymptomatic PCR and LFT testing following a confirmed diagnosis of COVID-19

Regular asymptomatic PCR testing following a positive test result

Health and social care staff who have had COVID-19 confirmed by either PCR, LAMP or LFT should not re-commence regular asymptomatic PCR testing for 90 days after the positive test. Nor should they have a PCR test should they be identified as a close contact unless they have new symptoms of COVID-19. PCR testing is very sensitive and can detect viral fragments long after the infection has been cleared and the individual is no longer infectious.

Regular asymptomatic lateral flow testing following a positive test result

Regular asymptomatic testing using lateral flow tests should recommence three weeks after the date of the positive test.

Regular asymptomatic testing with LAMP following a positive test result

Regular asymptomatic testing using LAMP should recommence three weeks after the date of the positive test.

In conclusion, these operational updates should be applied alongside the detailed guidance in HSS MD) 91/2021. Given the rapidly changing situation it is likely that there will be further updates and those will be communicated either by the Department or by the PHA.

Thank you very much for your continued support in managing and mitigating the COVID-19 pandemic.

Yours sincerely



PROF SIR MICHAEL McBRIDE
Chief Medical Officer

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