

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)85/2021

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)85/2021

Date: 21 December 2021

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

**UPDATED POLICY FOR MANAGEMENT OF SELF-ISOLATION OF CLOSE
CONTACTS OF COVID-19 CASES - ADDITIONAL SAFEGUARDS FOR HEALTH
AND SOCIAL CARE STAFF**

Summary

The purpose of this letter is to provide updated guidance on the management of health and social care workers identified as close contacts of COVID-19.

This CMO letter circular replaces HSS (MD) 59/2021 with immediate effect (from Tuesday 21 December). The guidance in this letter is applicable to all health and social care settings including Trust services, care homes, domiciliary care and general practice.

**Management of health and social care workers identified as close contacts of
COVID-19**

Health and social care workers identified as close contacts of confirmed COVID-19 cases, including household and non-household contacts, will be permitted to attend work, provided **all the requirements** set out below are met:

- The staff member has had two doses of an approved vaccine, and has received a **booster dose at least 14 days prior to the date of their exposure to the confirmed case**. Staff who are not yet eligible for the booster because it is less than three months since their second dose can also return under this policy provided their second dose was more than 14 days prior to the date of exposure.

- The staff member should have a **PCR test as soon as possible after their exposure and this PCR should return a negative result**. Staff **should not attend work while awaiting the PCR test result**. If a staff member has had a positive COVID-19 PCR test in the past 90 days, they should not have a PCR test unless they develop symptoms. Instead they should take a lateral flow test (LFT) as soon as possible and before attending the workplace and if it is negative can return to work and follow the rest of this guidance – including continuing with daily LFTs.
- If the **PCR test is negative**, the staff member can return to work but should take a **daily lateral flow test** following receipt of the negative PCR result (including on the same day they receive that result) until the tenth day after the last date of contact with the positive case. The lateral flow should be taken before leaving for work each day.
- LFT results should be reported to Test and Trace via the web portal [Report a COVID-19 rapid lateral flow test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/report-a-covid-19-rapid-lateral-flow-test-result) . They should also report the result to the duty manager or an identified senior staff member. Any staff member who has a **positive LFT should self-isolate immediately**, not attend work and arrange a PCR test.
- The staff member should only attend work if they are and remain asymptomatic.
- Staff member should continue to adhere to all advised/required Infection Prevention and Control (IPC) measures, in line with the current UK IPC guidance and appropriate to the service setting to which the staff member is returning.
- If the staff member develops any COVID-19 symptoms they should stay at home, immediately self-isolate and arrange a PCR test.
- A risk assessment of the service area is undertaken and documented, along with of a record that all mitigations as set out above are in place (see **Annex A**). This should be undertaken by a suitably competent and authorised manager in the organisation.

Additional safeguards should continue to apply to settings where staff are deemed to be working in close contact with those at the highest risk of adverse consequences of COVID -19. This highest risk group would include, for example, patients on chemotherapy, transplant patients, those who have profound immune-deficiency and unvaccinated residents in care homes. This list is not exhaustive and local management may determine other groups in their setting.

HSC Trusts must have a lead Director with responsibility for governance, oversight, assurance and reporting in relation to implementation of the policy. Other provider organisations and employers are asked to put in place similar arrangements, commensurate to the scope and scale of their organisation.

Time limited arrangements for staff who are eligible for a booster but have not received it

If there is a serious risk to service continuity as a result of workforce shortages and, following a risk assessment, staff who are eligible for a booster but have not yet received it can return to work if they are identified as close contacts of COVID-19 cases and provided the suite of mitigations set out in this letter are followed. This is a **time limited exemption** and will **only be applied until 14 January 2022**.

The decision to permit staff in this category to return to work must be made on a case-by-case basis, and only after a full risk assessment has been carried out and documented by suitably competent and authorised managers in the organisation. Careful consideration should be given to the risk of onward transmission of infection balanced with the risk to delivery of critical services. This arrangement must be implemented on a case-by-case basis and **must not be applied uniformly across the organisation**.

After 14 January staff who are eligible for but have not had the will not be able to return to work under this policy. **It is imperative that health and social care providers take immediate steps to ensure all eligible staff receive a booster dose by 31st December at the latest to avoid negative impacts on staffing.**

Yours sincerely



PROF SIR MICHAEL McBRIDE
Chief Medical Officer

