

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



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD49/2021

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)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

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Our Ref: HSS(MD)49/2021

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Dear Colleague

FULLY VACCINATED HEALTH & SOCIAL CARE STAFF TOLD TO SELF-ISOLATE AS A CLOSE CONTACT MAY BE PERMITTED TO ATTEND WORK IN EXCEPTIONAL CIRCUMSTANCES

Summary

The purpose of this letter is to advise that from 23 July 2021, and only in exceptional circumstances where there is a risk to the safe delivery of health and social care services because of staff absences, health and social care staff whose activities are critical to the ongoing provision of care and who have been identified as a contact of a case of COVID-19 may be permitted to attend work rather than self-isolate if they are fully vaccinated (more than 14 days after the second dose of an MHRA approved vaccine).

This may only occur in **exceptional circumstances**, following a risk assessment carried out by a suitably competent and authorised manager in the organisation and when additional mitigations can be upheld. Please find attached at **Annex A**, a Risk Assessment and Guidance Framework document which provides detailed guidance for managers and can be used to maintain a record of the risk assessments. This framework must be applied on a case-by-case basis when reaching a decision. The scope of this policy includes staff in both primary and secondary care and in the independent sector. I would ask that you circulate this information to all relevant directorates in your respective organisations for action as appropriate.

Detail

The current high prevalence of COVID-19 has resulted in large numbers of close contacts being required to self-isolate which is placing pressure on some health and social care services due to staff shortages. As case numbers increase, there may be

circumstances where staffing levels could fall so low that the safety of individuals needing care is compromised.

Fully vaccinated Health and Social Care workers who have been told to self-isolate as a close contact will be permitted to attend work in exceptional circumstances. This may only occur in exceptional circumstances following a risk assessment carried out by a suitably competent and authorised manager in the organisation and when additional mitigations can be upheld. These include:

- The staff member should undertake a PCR test as soon as possible and must isolate until they receive the result. They should only be permitted to attend work if this result is negative. Providers should ensure that arrangements are in place to document the date and result of the PCR test.
- The staff member should undertake daily LFD tests for 10 days following the last contact with the COVID case. Tests should be taken prior to leaving for work each day.
- Test results should be reported via the DHSC web portal and to their duty manager / trust. A staff member who has a positive LFD test during this period should not attend work and should isolate and arrange a PCR test as soon as possible.
- The staff member should be given information about COVID symptoms and asked to self-check for symptoms every day. If the staff member develops any [COVID symptoms](#) they should stay at home and immediately arrange a PCR test.
- Staff working during this period should comply with all relevant infection control precautions and PPE should be properly worn throughout the day. Any breaches should be reported immediately to their line manager.
- The staff member should not work with clinically extremely vulnerable patients, as determined by the organisation.
- It is recommended that the staff member should not take breaks or eat meals with other staff as face coverings are removed and it may be difficult to ensure distancing in less formal settings. In limited circumstances where separate arrangements cannot be facilitated, staff must adhere strictly to social distancing requirements and also ensure full adherence to all IPC and PPE requirements.
- They can only leave their place of self-isolation to undertake work activities, including travel to and from work. They can travel to work by their normal route but should wear a face covering for their journey if within an enclosed space with other individuals.
- Outside of work activities, the individual must follow current advice for [self-isolation](#).

Health and social care workers who are close contacts of a positive COVID case in their household are not eligible for exemption from isolation under this policy. Household contact presents a higher risk of transmission because of the prolonged and ongoing nature of the exposure.

HSC Trusts must have in place 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 operation.

Yours sincerely



PROFESSOR SIR MICHAEL McBRIDE
Chief Medical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)

Assistant Director Public Health (Health Protection), Public Health Agency

Director of Nursing, Public Health Agency

Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)

Directors of Pharmacy HSC Trusts

Director of Social Care and Children, HSCB

Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)

Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)

Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)

Directors of Children's Services, HSC Trusts

RQIA (*for onward transmission to all independent providers including independent hospitals*)

Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers*)

Regional Medicines Information Service, Belfast HSC Trust

Regional Pharmaceutical Procurement Service, Northern HSC Trust

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Professor Sonja McIlfratrick, Head of School of Nursing, University of Ulster

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Donncha O'Carolan, HSCB (*for distribution to all General Dental Practitioners*)

Raymond Curran, Head of Ophthalmic Services, HSCB (*for distribution to Community Optometrists*)

Trade Union Side

Clinical Advisory Team

Louise McMahon, Director of Integrated Care, HSCB

This letter is available on the Department of Health website at
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>

Risk Assessment & Guidance Framework

COVID-19: Exemption from contact isolation for fully vaccinated health and social care staff in exceptional circumstances

Key Message

From 23 July 2021, and only in exceptional circumstances where there is a risk to the safe delivery of health and social care services because of staff absences, health and social care staff whose activities are critical to the ongoing provision of care and who have been identified as a contact of a case of COVID-19 may be able to attend work rather than self-isolate if they are fully vaccinated (more than 14 days after the second dose of an MHRA approved vaccine).

This may only occur in exceptional circumstances following a risk assessment and when additional mitigations can be upheld.

Background and Interpretation:

Individuals who are identified as a close contact of a confirmed case of COVID-19 are currently advised to self-isolate for 10 full days from the date of last contact, in order to reduce the risk of onward transmission.

There is strong evidence that contacts of cases, including those who are vaccinated, have higher SARS-CoV-2 positivity rates than the general population. Vaccination reduces, but does not eliminate, the risk of acquiring and transmitting infection.

The current high prevalence of COVID-19 has resulted in large numbers of close contacts being required to self-isolate which is placing pressure on some health and social care services due to staff shortages.

As case numbers increase, there may be certain circumstances where staffing levels could fall so low that the safety of individuals needing care is compromised. Only in these circumstances, fully vaccinated HSC and social care staff, identified as a close contact of a positive case either in the workplace or another setting, may be permitted to leave self-isolation in order to attend (including travelling to and from) work.

This should only be considered where there is a risk to the continued safe provision of clinical or care services as a result of staff absence.

The decision to permit staff to attend work must be made on a case by case basis, and only after a risk assessment has been carried out by suitably competent and authorised managers in the organisation. Written records must be maintained and a lead Director in the organisation must take responsibility for oversight and implementation of this policy.

Careful consideration should be given to the risk of onward transmission compared to the risk to delivery of critical services. This arrangement must be implemented at service level on a case-by-case basis and not applied uniformly across the whole sector.

In the circumstances set out above, staff are still required to self-isolate as a close contact. However, they will be considered as having a 'reasonable excuse' to leave self-isolation to attend work including travelling to and from the workplace. They are required to self-isolate at all other times. The reason the exemption applies only to attending work and not for other activities is that mitigations in the workplace reduce the risk of transmission. This is often not the case in other settings.

Implementation Guidance

Staff Member

- The staff member should be fully vaccinated, defined as having received both doses of a MHRA approved vaccination, with 14 days having elapsed since the final dose at the time of last contact with the positive case.

Type of Contact

- Health and social care workers who are close contacts of a positive COVID case in their household are **not** eligible for exemption from isolation under this policy. Household contact presents a higher risk of transmission because of the prolonged and ongoing nature of the exposure.
- The type of contact should be obtained and documented.
- Individuals who are advised by the PHA contact tracing service that they are contacts of certain high risk variants of concern or variants of concern or under investigation are **not** eligible for exemption from self-isolation.

If the above are met and the staff member is willing to return to work to provide essential services the following mitigations should be in place

Mitigations

- The staff member should undertake a PCR test as soon as possible and must isolate until they receive the result. They should only be permitted to attend work if this result is negative. Providers should ensure that arrangements are in place to document the date and result of the PCR test (please **see note below** on management of staff who have tested positive for COVID-19 in the past 90 days).
- The staff member should undertake daily LFD tests for 10 days following the last contact with the COVID case. Tests should be taken prior to leaving for work each day.
- Test results should be reported via the DHSC London web portal (which can be found at <https://www.gov.uk/report-covid19-result>) and to their duty manager / trust. A staff member who has a positive LFD test during this period should not attend work and should isolate and arrange a PCR test as soon as possible.

- The staff member should be given information about COVID symptoms and asked to self-check for symptoms every day. If the staff member develops any [COVID symptoms](#) they should stay at home and immediately arrange a PCR test.
- Staff working during this period should comply with all relevant infection control precautions and PPE should be properly worn throughout the day. Any breaches should be reported immediately to their line manager.
- The staff member should not work with clinically extremely vulnerable patients, as determined by the organisation.
- It is recommended that the staff member should not take breaks or eat meals with other staff as face coverings are removed and it may be difficult to ensure distancing in less formal settings. In limited circumstances where separate arrangements cannot be facilitated, staff must adhere strictly to social distancing requirements and also ensure full adherence to all IPC and PPE requirements.
- They can only leave their place of self-isolation to undertake work activities, including travel to and from work. They can travel to work by their normal route but should wear a face covering for their journey if within an enclosed space with other individuals.
- Outside of work activities, the individual must follow current advice for [self-isolation](#).

Employers should continue to manage the health and safety of their staff under the relevant legislation.

NOTE – management of staff identified as close contacts who have themselves tested positive for COVID-19 in the previous 90 days

Staff who have tested positive for COVID-19 in the previous 90 days who have returned to work following completion of their isolation period, can be considered for participation in this policy. However, the initial PCR test may result in a positive result due to the presence of residual (dead) virus within the individual's system. While this does not represent active infection with the virus, the positive PCR would exclude them from further participation in the pathway and they would have to isolate in the usual way.

Risk Assessment Template

Step One: Eligibility				
Q	QUESTION	ACTION	ACTION	NOTES
Q1	Is the employee double vaccinated (at least 14 days post 2nd vaccination and assurance)?	Yes – record vaccine history below.	No – staff member should isolate for 10 days since last contact as usual and advised by contact tracing	
Q2	Is the member of staff a household contact of a confirmed COVID case with ongoing exposure?	Yes - staff member should isolate for 10 days since last contact as usual and advised by contact tracing	No – go to Q3	
Q3	Would the absence from the workplace of this member of staff result in disruption to service that impacts on the safety of care being provided to patients and service users?	Yes – go to Q4	No – staff member should isolate for 10 days since last contact as usual and advised by contact tracing	

Q4	Has the appropriate escalation of service continuity and safety risk taken place in accordance with contingency planning and local governance arrangements?	<p>Yes</p> <ul style="list-style-type: none"> a) Identify and document the service risk. b) Exhausted resilience contingency e.g. redeployment of staff, bank/agency, c) Approving manager informed <p>YES to all 3 go to Q5</p>	No – explore all escalation avenues within organization and re-consider again from question 4.	
Q5	Does the member of staff work in an area with clinically extremely vulnerable patients as determined by the organisation?	Yes – escalate within organisation for decision on suitability for return to work under this policy	No – go to step 2	
Step Two: Individual risk assessment				
Q6	What was the nature of the contact with the COVID case?	Describe:		
Q7	What was the date of last contact with the confirmed case?	Date:		

Q8	Has the member of staff had a PCR test since the contact occurred and within the past 48 hours?	Yes – go to Q9	No – arrange PCR test. Member of staff must isolate until result available and can be only considered for managed return if PCR result is negative.	
Q9	Record date of PCR test – must be within the past 48 hours and after last contact took place.	Date:		
Q10	What is PCR result?	Positive – isolate for 10 days as per guidance	Negative – go to Q11	Inconclusive – repeat PCR and isolate until result available.
Q11	Does the staff member have access to lateral flow devices and are able to use them appropriately?	<p>Yes – Staff member should test daily using LFDs for 10 days after last contact with the COVID case and report every result to their line manager and on the Gov.uk website.</p> <p>Report a COVID-19 rapid lateral flow test result - GOV.UK (www.gov.uk)</p>	<p>No - Line manager must facilitate access to LFDs and suitable instructions to ensure member of staff is able to use the tests on a daily basis for 10 days after the last contact with the COVID case. This must be arranged prior to return to work.</p> <ul style="list-style-type: none"> • Trust staff can access lateral flow tests through their workplace testing programme. • Primary care and independent sector staff can access lateral flow tests for the this purpose via one of the following routes: • Workplace testing (if your employer is 	

			<p>offering this testing); Collection from a local test site Find where to get rapid lateral flow tests - NHS (test-and-trace.nhs.uk)</p> <ul style="list-style-type: none"> • Order coronavirus (COVID-19) rapid lateral flow tests - GOV.UK (www.gov.uk) <p>Staff must report results to their manager and on the Gov.uk website</p> <p>Report a COVID-19 rapid lateral flow test result - GOV.UK (www.gov.uk)</p>
Q12	Ensure the staff member is aware of the symptoms of COVID and the need to isolate immediately and arrange a PCR test should they develop symptoms or get a positive lateral flow result.	Notes:	
Q13	Ensure appropriate IPC and PPE measures are in place and adhered to including during breaks.	Notes:	
Q14	Ensure member of staff understands	Notes:	

	<p>what is required of them in terms of symptom awareness, testing, reporting test results and IPC measures.</p>	
<p>Q15</p>	<p>Ensure member of staff understands that the exemption from isolation is only for the purposes of work – including travel to and from the workplace and that they are required to isolate at all other times.</p>	<p>Notes:</p>