

## **1.0 INTRODUCTION**

The current high prevalence of COVID-19 has resulted in large numbers of close contacts being required to self-isolate.

The Government has confirmed that from Monday 16 August 2021, fully vaccinated staff and students who are identified as a contact of a positive COVID-19 case will no longer be required to isolate and will be expected to come back to work as long as certain safeguards and criteria described in this guidance are in place to allow for the safe return of staff.

The new guidance states that if the staff member / student are living directly (same household) with a positive COVID-19 case, they should be asked to stay at home and not to come to work. **However, the guidance then goes on to say that there may be times when it is appropriate for the staff member / student living with a positive COVID-19 case, to return to work, in line with government guidance in a risk assessed way. This must be through a risk assessment process described in section four of this document with the final decision being made on a return to work by an appropriate senior decision maker (Chief Nurse / Medical Director or nominated deputies).**

This guidance supercedes previous PHE briefing note (19 July 2021) and applies to all staff including substantive clinical and non clinical roles, staff bank, contractors and suppliers and students working in all facilities across all settings and organisations delivering NHS care. The Government guidance can be found here: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/08/C1381-Updated-guidance-on-NHS-staff-and-student-self-isolation-return-to-work-following-COVID-contact.pdf>

This guidance should be implemented at service level on a case by case basis and not applied uniformly across the whole Trust.

## **2.0 WHO THE GUIDELINE APPLIES TO**

- a) This document applies to all staff and students working in UHL including, substantive clinical and non clinical roles, staff bank, contractors and suppliers and students / learners working in all facilities across all settings and organisations delivering NHS care.

## **3.0 WHO CAN MAKE THE DECISION TO ALLOW STAFF TO RETURN TO WORK?**

- a) In-hours, CMG Heads of Nursing / Head of Operations / Clinical Director, Corporate Directorates Directors or deputies and Practice Learning Team (non-medical students) or Undergraduate Medical Education manager (medical students) should undertake and document an initial discussion and assessment of whether staff / students meet the eligibility criteria to return to work

- b) Out of hours, Senior Site Managers and the Tactical nurse and Tactical manager undertake and document an initial discussion and assessment of whether staff / students meet the eligibility criteria to return to work
- c) The Chief Nurse / DiPAC (or nominated deputies) will review the initial documented discussion and assessment before making the final decision in authorising nursing, midwifery, therapy, estates and facilities staff and affiliated students / learners, to return to work. The Medical Director (and nominated deputies) will make the final decision in authorising medical and pharmacy, administrative and clerical staff and affiliated students / learners to return to work.

#### **4.0 ELIGIBILITY CRITERIA**

4.1 In determining whether a member of staff / student can return to work the member of staff / student must be assessed against the following criteria:

- The staff member / student must have a negative Polymerase Chain Reaction (PCR) test via a Pillar Two testing facility (or in-house facility out of hours) and must isolate whilst waiting for the result, only attending work if the PCR result is negative. *N.B. PHE guidance advises that individuals who have previous confirmed covid-19 infection in the last 90 days do not need a PCR. Further advice may be needed from the Occupational Health or the Infection Prevention and Control team before an individual is allowed to return to work.*
- The staff member / student must be fully vaccinated (defined as having received both doses of an MHRA approved vaccination, with 14 days having elapsed since the final dose at the time of last contact with the positive case).
- The staff member / student must agree to provide subsequent, daily negative LFD antigen tests for a minimum of 10 days following their last contact with the case before commencing a shift (with test results reported to Test and Trace via the web portal and to their line manager or identified staff manager). Any contact who has a positive LFD test should self-isolate at home and arrange a PCR test immediately.
- The staff member / student must agree that if they develop any COVID-19 symptoms during the 10 days from their last exposure to the case, they should stay at home and immediately arrange a PCR test.
- The staff member / student who has safely returned to work during this 10-day period must agree to comply with all relevant infection prevention and control (IPC) precautions in line with UK IPC guidance and Protective Personal Equipment (PPE) should be properly worn throughout the day. Any breaches should be reported immediately to their line manager.
- During breaks, staff / students who are returning to work must maintain social distancing and only remove face mask to eat / drink) to reduce the risk of COVID-19 transmission.
- The UHL IPC team recommend that if a staff member / student has been fit mask tested then they should wear the appropriate FFP3 mask at all times on their return to work to reduce the COVID-19 transmission risk.

#### 4.2 Additional actions to be considered for staff / students who do not meet criteria

- If the above eligibility criteria cannot be met or if the staff member / student are living directly (same household) with a positive COVID-19 case, they will be asked to stay at home and not to come to work. The national guidance advises that this will remain under review. **However, there may be times when it is appropriate for the staff member / student living with a positive COVID-19 case, to return to work, in line with government guidance in a risk assessed way. This must be through a process agreed with an appropriate senior decision maker (Chief Nurse / Medical Director or nominated deputies) and would include the following:**
  - a) All staff and students must have an up to date individual risk assessment and be working in an appropriate setting for their risk status. Local workplace risk assessments should take place to identify specific services that involve the care of highly protected Clinically Extremely Vulnerable (CEV) patients (appendix one).
  - b) For these services, local senior clinical decision makers should request that returning contact positive staff or students, are temporarily redeployed to other areas of lower risk where appropriate (after taking into consideration the skill set of the staff member or student to ensure patient quality and safety). This action is further protective measure for patients at significantly higher risk of contracting COVID-19. This should be actioned by CMG or professional leads with additional support if required from the People Services Directorate via the internal Redeployment mailbox [COVIDInternalRedeplo@uhl-tr.nhs.uk](mailto:COVIDInternalRedeplo@uhl-tr.nhs.uk)
  - c) **It is imperative that line managers and the individual staff member / student who is returning to work are fully cognisant of the medical history of all the patients they will come into contact with when they return to work** because some patients who are CEV may be admitted as inpatients due to reasons that are unrelated to their CEV.

#### 5.0 INDIVIDUAL RISK ASSESSMENT PROCESS

- a) In Hours

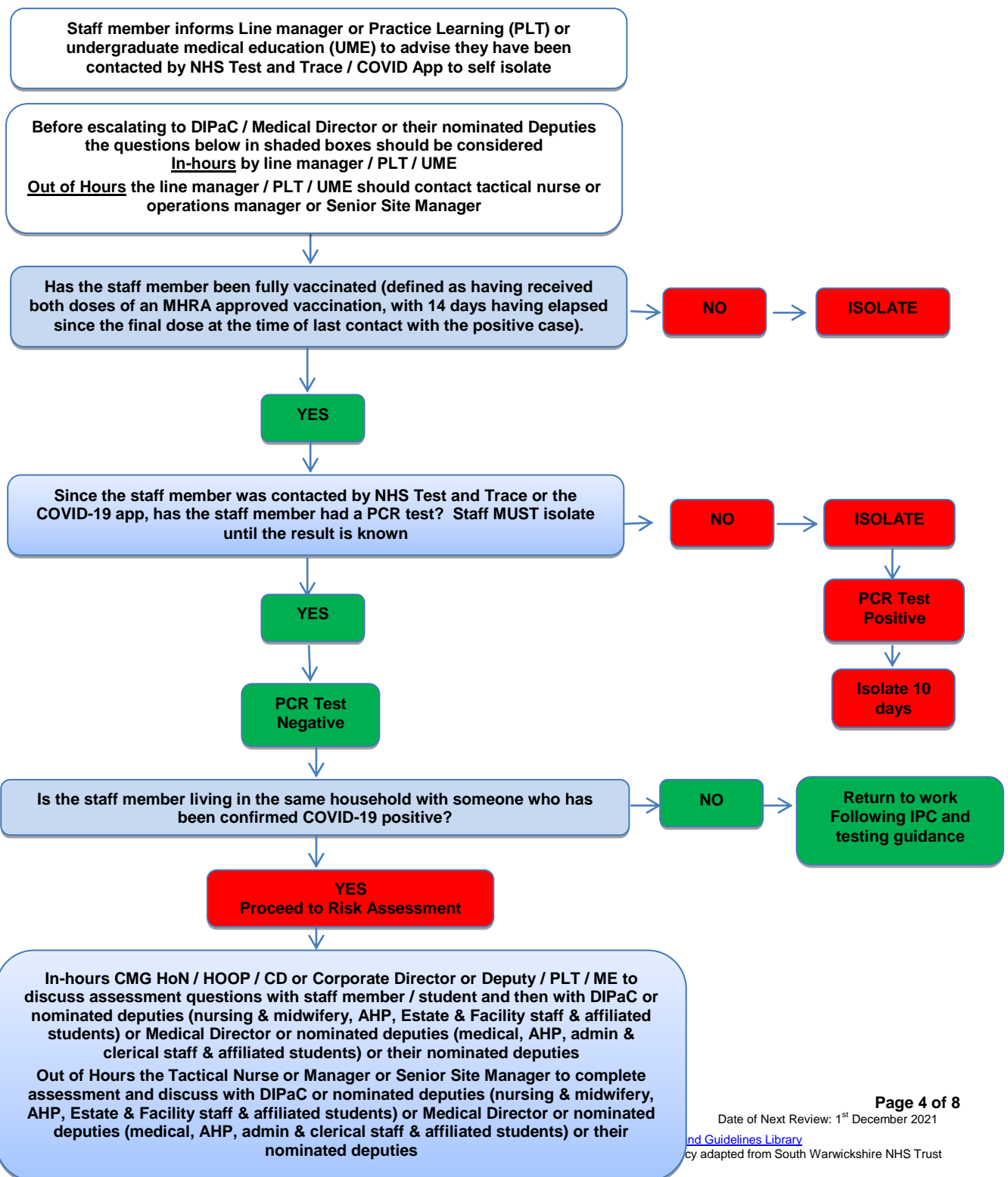
CMG Heads of Nursing / Heads of Operations / Clinical Directors (for Corporate Directorates this will be Directors or deputies) and the Practice Learning Team or Medical Education for students, must follow the guidance in the flow diagram in section 5.1. The full risk assessment must be completed for all staff and students on an individual basis with all of the essential information inserted into the checklist in readiness for the Chief Nurse (& DIPaC) or the Medical Director (or nominated deputies with delegated authority) to support a safe clinical decision in relation to allowing an individual to return to work or clinical placement. Specialist advice can also be sought from the IPC team.
- b) Out of Hours

CMG blepholders / managers must follow the guidance in the flow diagram in section 5.1 and inform tactical nurse / tactical manager / senior site manager. The full risk assessment must be completed for all staff on an individual basis with all of the essential information inserted into the checklist in readiness for the Chief Nurse (& DIPaC) or the Medical Director (or nominated deputies with delegated authority) to support a safe clinical decision in relation to allowing an individual to return to

work or placement. If Pillar 2 testing facilities are not open out of hours, then the staff member must be advised to come to the Balmoral waiting area in order to be tested in the GP Assessment Unit and this will be arranged by the site team in conjunction with the Emergency Department.

- c) All risk assessments and decisions allowing a staff member or student to return to work or clinical placement must be documented with a copy given to the individual staff member or student, and a copy for their line manager / tutor for their personal file. The risk assessment and decision must be recorded centrally and sent to [covid-19@uhl-tr.nhs.uk](mailto:covid-19@uhl-tr.nhs.uk) [InfectionPrevention@uhl-tr.nhs.uk](mailto:InfectionPrevention@uhl-tr.nhs.uk) and [Centreforclinicalpractice@uhl-tr.nhs.uk](mailto:Centreforclinicalpractice@uhl-tr.nhs.uk) for non-medical student placements and undergraduate medical education for medical students [robert.marsden@uhl-tr.nhs.uk](mailto:robert.marsden@uhl-tr.nhs.uk)

## 5.1 Flow Chart to Support Risk Assessment and Decision Making



## 6.0 Risk Assessment for COVID-19 Exemption from Contact Isolation

<b>STAFF MEMBER / STUDENT NAME:</b>	
<b>JOB TITLE / STUDENT COHORT:</b>	
<b>WARD/DEPARTMENT:</b>	
<b>CONFIRMATION OF THE SITUATION:</b>	
<ul style="list-style-type: none"> <li>Confirmation as to whether the staff member / student was contacted by Test and Trace or COVID App (<i>please circle response</i>)</li> </ul>	<b>TEST &amp; TRACE / COVID APP / OTHER</b>
<ul style="list-style-type: none"> <li>Date of Second COVID Vaccine:</li> </ul>	
<ul style="list-style-type: none"> <li>Was PCR Result Negative? &amp; date of PCR test</li> </ul>	<b>PCR Negative Yes / No (please circle response)</b> <b>Date of test</b>
<ul style="list-style-type: none"> <li>Is the COVID-19 contact a household member (<i>please circle response</i>)</li> </ul>	<b>YES / NO</b> <b>If response is 'No' staff member can return to work if YES please proceed with the checklist</b>
<ul style="list-style-type: none"> <li>Will the staff member / student be working with highly protected, CEV patients?</li> </ul>	<b>YES / NO</b>
<ul style="list-style-type: none"> <li>Is a local workplace COVID risk assessment in place? (<i>please circle response</i>)</li> </ul>	<b>YES / NO</b>
<ul style="list-style-type: none"> <li>What is the description of any risk of this staff member / student returning to work / placement in relation to CEV patients?</li> </ul>	<b><u>Describe risk in relation to CEV patients</u></b>
<ul style="list-style-type: none"> <li>Does the member of staff / student have an up to date individual COVID risk assessment? (<i>please circle response</i>)</li> </ul>	<b>YES / NO</b>
<ul style="list-style-type: none"> <li>On the basis of the individual and local workplace risk assessment, does temporary re-deployment or alternative clinical placement need to be considered within / external to the CMG or further HR advice taken?</li> </ul>	<b>YES / NO</b>
<ul style="list-style-type: none"> <li>Initial discussion and assessment Completed By: (print name and role)</li> </ul>	<b>NAME / ROLE</b>
<ul style="list-style-type: none"> <li>Final Decision / Authorisation for a return to work taken by Chief Nurse &amp; DIPaC / or Medical Director or their nominated Deputy: (<i>please circle response</i>)</li> </ul>	<b>YES - CAN RETURN TO WORK</b> <b>NO - CANNOT RETURN TO WORK</b> <b><u>Please print name / role and insert signature below</u></b>
<ul style="list-style-type: none"> <li>Confirmation of Daily Lateral Flow Tests Until (insert date):</li> </ul>	<b>INSERT DATE</b>

<p>The staff member / student must agree to the following conditions:</p> <ul style="list-style-type: none"> <li>• To provide subsequent, daily negative LFD antigen tests for a minimum of 10 days following their last contact with the case before commencing a shift (with test results reported to Test and Trace via the web portal and to their line manager or identified staff manager). Any positive LFD test means they should self-isolate at home and arrange a PCR test immediately.</li> <li>• The staff member / student must agree that if they develop any COVID-19 symptoms during the 10 days from their last exposure to the case, they should stay at home and immediately arrange a PCR test.</li> <li>• Must agree to comply with all relevant infection prevention and control (IPC) precautions in line with UK IPC guidance and Protective Personal Equipment (PPE) should be properly worn throughout the day. Any breaches should be reported immediately to their line manager.</li> <li>• During breaks, must maintain social distancing and only remove face mask to eat / drink) to reduce the risk of COVID-19 transmission.</li> <li>• The UHL IPC team recommend that if a staff member / student has been fit mask tested then they should wear the appropriate FFP3 mask at all times on their return to work to reduce the COVID-19 transmission risk.</li> </ul>	<p><b>YES I AGREE TO ALL CONDITIONS</b></p> <p><u>Signature of staff member or student below</u></p>
<p><b>Electronic Assessment must be sent to both <a href="mailto:covid-19@uhl-tr.nhs.uk">covid-19@uhl-tr.nhs.uk</a> <a href="mailto:InfectionPrevention@uhl-tr.nhs.uk">InfectionPrevention@uhl-tr.nhs.uk</a> and for medical students <a href="mailto:Robert.marsden@uhl-tr.nhs.uk">Robert.marsden@uhl-tr.nhs.uk</a> and for non-medical students <a href="mailto:Centreforclinicalpractice@uhl-tr.nhs.uk">Centreforclinicalpractice@uhl-tr.nhs.uk</a> for audit purposes and record keeping. Copy for staff member and for their personal file / personal tutor</b></p>	

## 6.0 MONITORING FOR COVID-19 SYMPTOMS

*If the staff member develops any of the following COVID-19 symptoms during the 10 days from their last exposure to the case, they should stay at home and immediately arrange a PCR test.*

- New, continuous cough
- High temperature
- Loss of change to sense of taste or smell
- Muscle aches and pains
- Nasal discharge or congestion
- Sore throat
- Wheezing
- Headache

## 7.0 INCIDENT REPORTING

In the event of an incident relating to this guidance it will be reported via the Incident Reporting system (Datix) as described in the UHL Incident and Accident Reporting Policy (Trust ref A10/2002) and the UHL Duty of Candour (Being Open) Policy (Trust ref B42/2010).

## 8.0 EDUCATION AND TRAINING

Chief Nurse and Medical Director and their nominated deputies to receive formal briefings on the completion of the assessment document in section five

## 9.0 MONITORING AND AUDIT CRITERIA

Key Performance Indicator	Method of Assessment	Frequency	Lead
Number of requests to work	Number of requests approved	Monthly	Corporate Nursing
Number of staff who were COVID-19 positive post return to work	DATIX Reporting	Monthly	Patient Safety Team

## 10.0 LEGAL LIABILITY GUIDELINE STATEMENT

See section 6.4 of the UHL Policy for Policies for details of the Trust Legal Liability statement for Guidance documents

## 11.0 SUPPORTING DOCUMENTS AND KEY REFERENCES

Public Health England (PHE) Briefing Note 2021/050  
Updated PHE Guidance on NHS staff and student self-isolation and return to work following COVID-19 contact 17 August 2021

## 12.0 KEY WORDS

Contact Isolation / NHS Test and Trace / Exemption / COVID-19 App

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This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT		
Author / Lead Officer:	Eleanor Meldrum	Job Title: Deputy Chief Nurse UHL
Reviewed by:	UHL COVID Strategic Group 22 <sup>nd</sup> July 2021 and 19 <sup>th</sup> August 2021	

## CLINICALLY EXTREMELY VULNERABLE PATIENTS

Clinically Extremely Vulnerable Patients are deemed to have one or more of the conditions listed below.

- solid organ transplant recipients
- people with specific cancers:
- people with cancer who are undergoing active chemotherapy
- people with lung cancer who are undergoing radical radiotherapy
- people having immunotherapy or other continuing antibody treatments for cancer
- people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- problems with your spleen, for example splenectomy (having your spleen removed)
- adults with Down's syndrome
- adults on dialysis or with chronic kidney disease (stage 5)
- women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs – GPs and hospital clinicians have been provided with guidance to support these decisions



## Risk Assessment for COVID-19 Exemption from Contact Isolation

*Form to be completed in conjunction with the guidance*

<b>STAFF MEMBER / STUDENT NAME:</b>		
<b>JOB TITLE / STUDENT COHORT:</b>		
<b>WARD/DEPARTMENT:</b>		
<b><u>CONFIRMATION OF THE SITUATION:</u></b>		
<ul style="list-style-type: none"> <li>• Confirmation as to whether the staff member / student was contacted by Test and Trace or COVID App (<i>please circle response</i>)</li> <li>• Date of Second COVID Vaccine:</li> <li>• PCR Test Date:</li> <li>• Was PCR Result Negative? &amp; date of PCR test</li> <li>• Is the COVID-19 contact a household member (<i>please circle response</i>)</li> <li>• Will the staff member / student be working with highly protected, CEV patients?</li> <li>• Is a local workplace COVID risk assessment in place? (<i>please circle response</i>)</li> <li>• What is the description of any risk of this staff member / student returning to work / placement in relation to CEV patients?</li> <li>• Does the member of staff / student have an up to date individual COVID risk assessment? (<i>please circle response</i>)</li> <li>• On the basis of the individual and local workplace risk assessment, does temporary re-deployment or alternative clinical placement need to be considered within / external to the CMG or further HR advice taken?</li> <li>• Initial discussion and assessment Completed By: (print name and role)</li> <li>• Final Decision / Authorisation for a return to work taken by Chief Nurse &amp; DIPaC / or Medical Director or their nominated Deputy: (<i>please circle response</i>)</li> </ul>	<b>TEST &amp; TRACE / COVID APP / OTHER</b>	
		<b>PCR Negative Yes / No Date of test</b>
		<b>YES / NO <i>If response is 'No' staff member can return to work if YES please proceed with the checklist</i></b>
		<b>YES / NO</b>
		<b>YES / NO</b>
		<b><u>Describe risk in relation to CEV patients</u></b>
		<b>YES / NO</b>
		<b>YES / NO</b>
		<b>NAME / ROLE</b>
		<b>YES - CAN RETURN TO WORK NO - CANNOT RETURN TO WORK</b>
	<b><u>Please print name / role and insert signature below</u></b>	

<ul style="list-style-type: none"> <li>Confirmation of Daily Lateral Flow Tests Until (insert date):</li> </ul>	<b>INSERT DATE</b>
<p>The staff member / student must agree to the following conditions:</p> <ul style="list-style-type: none"> <li>To provide subsequent, daily negative LFD antigen tests for a minimum of 10 days following their last contact with the case before commencing a shift (with test results reported to Test and Trace via the web portal and to their line manager or identified staff manager). Any positive LFD test means they should self-isolate at home and arrange a PCR test immediately.</li> <li>The staff member / student must agree that if they develop any COVID-19 symptoms during the 10 days from their last exposure to the case, they should stay at home and immediately arrange a PCR test.</li> <li>Must agree to comply with all relevant infection prevention and control (IPC) precautions in line with UK IPC guidance and Protective Personal Equipment (PPE) should be properly worn throughout the day. Any breaches should be reported immediately to their line manager.</li> <li>During breaks, must maintain social distancing and only remove face mask to eat / drink) to reduce the risk of COVID-19 transmission.</li> <li>The UHL IPC team recommend that if a staff member / student has been fit mask tested then they should wear the appropriate FFP3 mask at all times on their return to work to reduce the COVID-19 transmission risk.</li> </ul>	<p><b>YES I AGREE TO ALL CONDITIONS</b></p> <p><u>Signature of staff member or student below</u></p>
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