From the Chief Medical Officer
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Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSS(MD59/2021)

FOR ACTION
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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)*

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Our Ref: HSS(MD59/2021
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Dear Colleague

UPDATED POLICY FOR MANAGEMENT OF SELF-ISOLATION OF CLOSE CONTACTS OF COVID-19 CASES WHO ARE FULLY VACCINATED – ADDITIONAL SAFEGUARDS FOR HEALTH AND SOCIAL CARE STAFF

Summary

On 23rd July a framework was issued facilitating the return of fully vaccinated health and social care staff to work in exceptional circumstances following close contact with a person with COVID-19, HSSMD(49) 2021 https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-49-2021.pdf. This was within the context of the advice for the general population in respect of self-isolation for close contacts which applied at that time.

As of August 16th the advice to the general population has changed. In Northern Ireland individuals who have been fully vaccinated (more than 14 days since they received the second dose of an approved COVID-19 vaccine) and have been in contact with someone who has tested positive for COVID 19 are exempt from the requirement to self-isolate. In addition contacts are advised to get a PCR test on day two and day eight of the 10 day period following last contact with the positive person. https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating

It is important to ensure appropriate safeguards and protections for patients who may be more vulnerable to COVID-19. Hence this communication outlines a process of risk assessment and mitigation for Health and Social Care staff, particularly those working with immunosuppressed and clinically extremely vulnerable (CEV) patients.

As of the date of this letter, fully vaccinated Health and Social Care workers will be permitted to attend work under the new measures pertaining to the general population as outlined above. Employers no longer need to demonstrate that the service is in extreme circumstances to ask employees to return to work.

Fully vaccinated staff who are identified as a contact of a positive COVID-19 case will no longer be expected to isolate and can to return to work in most circumstances. However, it is important the following safeguards are implemented for them do so safely:

- The staff member has had two doses of an approved vaccine, and is at least two weeks (14 days) post their second vaccination at the point of exposure.

- A negative PCR test prior to returning to their workplace. Staff should not attend work while awaiting the PCR test result. A subsequent PCR test should also be undertaken at day 8 following exposure to the case of COVID-19.

- Provision of subsequent, daily negative LFD antigen tests for a minimum of 10 days following their last contact with the case each day before commencing a shift.

- LFD test results should be reported to Test and Trace via the web portal and to their duty manager or an identified senior staff member). Any close contact who has a positive LFD test should self-isolate and arrange a PCR test.

- If a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests (as above).

- The staff member is and remains asymptomatic.

- Continued use of IPC measures, in line with the current UK IPC guidance and appropriate to the service setting to which the staff member is returning.

- The staff member does not have ongoing contact with the person who tested positive for COVID-19, for example, they do not live with them. The staff member should remain off until 10 days have elapsed following exposure to a household contact.

- The staff member should be given information about COVID-19 symptoms and asked to self-check for symptoms every day. If the staff member develops any COVID-19 symptoms they should stay at home and immediately arrange a PCR test.

This advice will now enable the majority of Health and Social Care staff to return to normal duties if they are fully vaccinated and a close contact of a case of COVID-19. However, additional safeguards should apply to staff deemed to be working in close contact with those more vulnerable to adverse consequences of COVID -19, for example, patients identified as immunosuppressed or Clinically Extremely Vulnerable. **For these settings as determined by the organisation, local senior**

decision-makers should request that returning staff who have been in contact with a confirmed case of COVID-19 are redeployed to other areas of lower risk where appropriate and as feasible.

In all circumstances a risk assessment must be carried out by a suitably competent and authorised manager in the organisation. **(See Annex A).** 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.

It is important to note that this advice is not applicable to the care home sector (all adult residential care and nursing homes) at this point and advice for these settings is currently under review.

Yours sincerely

PROF SIR MICHAEL McBRIDE
Chief Medical Officer

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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

Annex A

RISK ASSESSMENT & GUIDANCE FRAMEWORK

UPDATED POLICY FOR MANAGEMENT OF SELF-ISOLATION OF STAFF WHO ARE FULLY VACCINATED AND WHO ARE CLOSE CONTACTS OF COVID-19 CASES– ADDITIONAL SAFEGUARDS FOR HEALTH AND SOCIAL CARE STAFF

Key Message

To provide additional safeguards and protections for people who may be more vulnerable to COVID -19, this guidance outlines a process of risk assessment and mitigation for patient/service user facing staff working in specific settings with immunosuppressed and clinically extremely vulnerable patients.

Background and Interpretation:

Individuals who are identified as a close contact of a confirmed case of COVID-19 and are fully vaccinated will no longer be required to self-isolate. This policy change will allow the majority of fully-vaccinated Health and Social Care to return to normal duties. However, additional safeguards will apply to those deemed to be working in close contact with those more vulnerable to adverse consequences of COVID 19 (immunosuppressed or clinically extremely vulnerable (CEV).

In such circumstances a risk assessment must be carried out by a suitably competent and authorised manager in the organisation. Written records must be maintained and a lead Director in the organisation must take responsibility for oversight and local workplace risk assessments should take place to identify specific services that involve the care of immunocompromised and clinically extremely vulnerable patients.

For these settings as determined by the organisation, local senior decision-makers should request that returning staff who have been in contact with a confirmed case of COVID-19 are redeployed to other areas of lower risk where appropriate.

However, depending on particular service needs it may be necessary to allow staff to work in higher risk areas in exceptional circumstances where there is a risk to the safe delivery of health and social care services critical to the ongoing provision of care, because of staff absences, following appropriate risk assessment and application of mitigations.

In all instances for those in patient facing roles the following should apply in order for a staff member to return to work:

- The staff member has had two doses of an approved vaccine, and is at least two weeks (14 days) post their second vaccination at the point of exposure.

- A negative PCR test prior to returning to their workplace. Staff should not attend work while awaiting the PCR test result. A subsequent PCR should also be undertaken at day 8 following exposure to the case.

- Provision of subsequent, daily negative LFD antigen tests for a minimum of 10 days following their last contact with the case each day before commencing a shift.

- LFD test results should be reported to Test and Trace via the web portal and to their duty manager or an identified senior staff member). Any contact who has a positive LFD test should self-isolate and arrange a PCR test.

- If a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests (as above).

- The staff member is and remains asymptomatic

- Continued use of IPC measures, in line with the current UK IPC guidance and appropriate to the service area to which the staff member is returning

- The staff member does not have ongoing contact with the person who tested positive – for example, they do not live with them. The staff member should remain off until 10 days have elapsed following exposure to the household contact.
- 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.

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.

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

Checklist for employer to complete with staff member

This assessment to be used if a relevant health or social care worker has been identified as a contact of a positive case of COVID-19.

	Checklist – Employer with employee	
	Check	Mitigation
1	Does the staff member have COVID-19 symptoms? Symptoms – A high temperature A new, continuous cough A loss, or change to sense of taste or smell Other symptoms suggestive of COVID-19.	**Yes** – should attend for PCR and self-isolate **No** – *move to Q2*
2	Is the employee fully vaccinated (at least 14 days post 2nd vaccination and evidence provided)?	**No** – staff member should self-isolate for 10 days. **Yes** – *move to Q3.*
3	Does the staff member reside with the person who has tested positive for COVID-19?	**Yes** – they should not attend work until 10 days post initial exposure. **No** – *move to Q4.*
4	Is their PCR status known?	**PCR negative** Are they agreeing to follow the required testing process? Yes – *move to Q5*. **PCR positive** – They self-isolate for 10 days. **Status unknown** – Need to book PCR in order to return to work.
5	Does the staff member know where to access lateral flow devices and are able to use them appropriately?	**Yes** – take a LFD test each day until the date 10 days after last contact with the positive case and receive a negative result before attending work and report result to their line manager and online https://www.gov.uk/report-covid19-result – *move to Q6*. **No –** Line manager should facilitate access to LFDs prior to return to work – *move to Q6.*
6	Is the staff member working with patients deemed to be immunosuppressed/ CEV?	**No** – there are no specific requirements on these workers **Yes** – action should be taken as outlined in the guidance