**Graphical user interface, text, application

Description automatically generatedTrack and Trace and Covid Contact Risk Assessment**

**RISK ASSESSMENT**

* All employees who receive a proximity alert or have been identified as a contact of a COVID-19positive case must report their absence immediately to their line manager or practice
* The manger will:
* Confirm there is a significant risk to the service the person works in if they are unable to attend for work. The risk assessment should be used for all Business-Critical Posts i.e without the person there will be a significant patient safety risk, the service could not operate i.e. single senior medical staff or the service would have to close.
* Confirm that if the member of staff is not able to attend work, would they be able to undertake a role across BSW which could be delivered by the use of digital technology – i.e. Medvivo remote clinical triage or clinical validation (clearly training and equipment would be provided)
* The employee has received 2 doses of Covid-19 vaccination at least 2 weeks prior to the proximity alert or confirmed contact.
* Proof of the employees vaccination status will need to be provided to their line manager which can include a screen shot of the NHS App which contains the individual vaccination status or a photograph of their vaccination card
* That the employee is asymptomatic (Symptomatic employees must isolate immediately, and arrange a PCR ).

**N.B. The employee must agree to perform an initial PCR prior to returning to work**

|  |  |  |
| --- | --- | --- |
| Forename | Surname | |
| NHS Number | | |
| Address | | |
| DOB | Mobile Number | |
| GP Practice:  PCN:  Critical worker: Yes / No | | |
| Date message from NHS App received: | |  |
| Date & time person requested to self-isolate until: | |  |
| Date of contact (11 days before final date of isolation)  *N.B. This is 11 days before the end of isolation e.g. date isolation ends is given as 6 July, date of contact is 26 June as date of contact is day 0 with 10 days isolation after this.* | |  |
| What contact could have triggered the message? Characteristics of contacts on date of contact- tick all that apply | |  |
| Date message from NHS App received | |  |
| Date & time person requested to self-isolate until | |  |
| Date of contact (11 days before final date of isolation):  N.B. This is 11 days before the end of isolation e.g. date isolation ends is given as 6 July, date of contact is 26 June as date of contact is day 0 with 10 days isolation after this. | |  |
| What contact could have triggered the message? Characteristics of contacts on date of contact- tick all that apply  \*Public transport  Outside event in crowded area (under 2m distancing) e.g. sports event | |  |
| Eating- drinking establishment | |  |
| Multiple\* visits to various establishments the day | |  |
| Inside other public areas (different to above point) Scanned in using QR code | |  |
| Public transport | |  |
| Household Contact:  If yes who is the household Contact: | |  |
| Other: | |  |
| Were you in close contact from other whose status you do not know (**not** people you were with and know their status)?  *N.B. With the NHS T&T App if a person tests positive when you used the QR code scan on entering the establishment, it records your presence in the site and not proximity alone to the person who tested positive.* | | Brief (under 15min) contact (under 1m) with other people of unknown status to you  Close contact (under 1m) with unknown persons\* e.g. on public transport with close proximity to unknown people >15 mins  Other – please give details |
| On the day of contact did you follow good practice of: | | Mask wearing Yes/ No  Hand hygiene Yes/ No |
| Have you had the double COVID vaccination? | | Yes/No |
| If you have had the vaccination, was the second dose more than 14 days ago? | | Yes/ No |
| Do you have any COVID symptoms?  *If yes to any then a National PCR test must be performed.* | | Temperature Yes/ No  COVID cough (new cough) Yes/ No  Loss of sense of taste/ smell Yes/ No |
| Do you have any other symptoms? | | Headaches yes/No  Fatigue yes/no  Sore throat yes/no  Runny nose yes/ no |
| If participating in the Lateral Flow testing surveillance scheme please do a test: | | Date of test  Result |
| Request staff member has a negative PCR test before returning to work place, | |  |

**Section 3: Interpretation and next steps**

|  |  |  |
| --- | --- | --- |
| Low risk- manager records decision | High risk- need to isolate, manager records decision. |  |
| * CAN WORK * record result and assessment confidentially * CANNOT Work with Clinically Extremely Vulnerable (CEV) patients consider redeployment or review of specific patient lists to ensure that staff does not have contact with CEV for remainder of countdown | * Follow isolation instruction. Record result and absence under COVID. |  |
| * Not left home/ had contact outside of work on contact day * Likely to be from QR code scan alone with low risk contact at venue with brief minor contact with others * Has had 2 COVID vaccines, last vaccine was more than 14 days ago * Performs regular Lateral flow testing * Using COVID precautions: * Wearing mask * Good hand hygiene. * Social distances during breaks | * Not related to QR code as at \* situation * Multiple places visited on the contact day such that can’t determine where contact occurred * prolonged close contact with persons of unknown status (<1m for >15 mins) * Confirmed positive Household contact\*   \* These characteristics of potential contacts  \*If member of staff is business critical as outlined above please progress onto section 4. | **Governance**:  Process agreed with Chief Nurse BSW  Plan to take through ICS internal governance structures urgently. |

**Section: 4**

**Additional Risk Assessment for those Staff Self Isolating due to COVID Positive Household Contacts**

**N.B. A positive response is required to all 11 questions as listed below in order to support a return to work for a service critical staff member:**

|  |  |  |
| --- | --- | --- |
| **Use a risk based approach to identify those staff deemed critical for safe delivery of patient services and where consideration of the individual’s return to work is deemed essential.** | | |
| 1 | It has been identified that no other member of staff can support or fulfil the member of staff’s duties during the isolation period. |  |
| 2 | Household contact has not been sharing same room for sleeping |  |
| 3 | Positive household member is able to isolate in own room (not been mixing with staff member for extended periods of time prior to testing positive) |  |
| 4 | Positive person isn’t accessing the kitchen and food can be taken to the room |  |
| 5 | Separate bathroom facilities can be used  **Or:**  Where bathroom facilities are shared, surface cleaning has taken place after each use |  |
| 6 | Staff member is double vaccinated |  |
| 7 | Staff member has had a negative PCR test |  |
| 8 | Staff member agrees to have a second PCR swab 4 days after their initial negative in addition to lateral flow testing |  |
| 9 | Staff member to perform daily lateral flow tests for the 10 day period |  |
| 10 | Staff member fully agrees and consents to the actions outlined above. |  |
| 11 | Staff member is compliant with IPC mandatory training |  |