**Introduction**

This guidance has been adapted from the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System and covers NHS staff working in primary care that have been identified as having contact with a positive Covid 19 case. The guidance describes a 2-stage risk assessment process:

* **Risk assessment to return to work following contact with a Covid 19 positive case**
* **An enhanced risk assessment process for staff who are household contacts of a Covid 19 positive case.**

This version has been updated to reflect NHSE/I self-isolation guidance (last updated 15/12/21) and the letter ‘*Updated PHE guidance on NHS staff and student self-isolation and return to work following COVID-19 contact’*.

[COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings)

[C1381-Updated-guidance-on-NHS-staff-and-student-self-isolation-return-to-work-following-COVID-contact.pdf (england.nhs.uk)](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)

All staff who come into contact with a COVID-19 case, whether or not they are protected by the use of personal protective equipment (PPE) or by other factors, should remain vigilant to the possibility of contracting infection, and should self-isolate immediately if they develop symptoms.

**Scope**

This guidance applies to all healthcare employees. It includes students on placement and those working on honorary contracts.

**Staff member*s* who *are* fully vaccinated and are identified as a contact of a positive Covid 19 case (for Household contacts see additional guidance below).**

This section of the guidance covers those **double vaccinated** **with a booster** an NHS Staff Member who has been identified as a contact of a Covid 19 case.

The staff member should inform their line manager or employer immediately if they are required to work in the 10 days following contact with a COVID-19 case.

If the staff member develops symptoms of COVID-19 during this period, they must self-isolate and follow the guidance for self-isolation.

The majority of fully vaccinated NHS staff will be able to continue in their usual role. The following applies to staff returning to work following this exemption:

* the staff member should not have any [COVID-19 symptoms](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features#clinical-features)
* the staff member should not have any travel related isolation requirements
* the staff member should immediately undertake a Lateral flow test
* Arrange for a PCR test, the result of this PCR test does not need to be back before returning to work for a **social contact**
* following the negative PCR result, the staff member should undertake a daily LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
* if a staff member has had a Covid 19 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
* on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result must be negative before attending work
* the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
* if the staff member works with patients or residents who are highly vulnerable to COVID-19, a risk assessment should be undertaken, and consideration given to redeployment during their 10-day period of extra vigilance. Highly clinical vulnerable patients are defined (not exclusively) as those on high dose immunosuppression, renal and cancer patients.

**Process for staff member*s* who are fully vaccinated and are identified as a social contact of a positive Covid 19 case**

* All employees who are notified that they are a contact of a Covid 19 case must report immediately to their line manager if they are required to work within the 10 days following this contact.
* The staff member will complete the risk assessment process in appendix 1 with their line manager
	+ **Confirm there are no positive household contacts** (for household contact follow the enhanced risk assessment process, appendix 2)
	+ **Confirm the individual has received 2 doses of Covid-19 vaccination and a booster at least 2 weeks prior to the notification of being a contact**
	+ **Uptake of the Booster Vaccine should be recorded if eligible**
	+ **Proof of the individual’s vaccination status will need to be provided which can include a screen shot of the NHS App which contains the individual vaccination status or a photograph of their vaccination card**
	+ **A negative lateral flow test result must be provided, and daily lateral flows continued for 10 days**
	+ **If asymptomatic, the staff member is to arrange a PCR test through Staffing Command**
	+ **If the employee is symptomatic or they have a positive lateral flow test they must isolate immediately and arranged PCR**

The risk assessment in appendix 1 is completed by line manager and the staff member, a PCR test must be arranged via a local test centre and a lateral flow test completed. The staff member may return to work if the lateral flow test is negative, they do not need to wait for a negative PCR result before returning to work. **N.B. SOCIAL CONTACT ONLY**

If the PCR produces a negative result the staff member will need to the follow up with a daily lateral flow device test for the duration of their 10 day exposure period. Staff will need to report their test results daily using the trusts agreed lateral flow reporting process

* **90 day rule: staff member who has been positive in the last 90 days does not need a PCR test (unless symptomatic) but must keep to daily lateral flows**
* **requirements and agrees to be vigilant around 2m social distancing where PPE cannot be used.**
* **The employee should then continue to use Lateral Flow Device testing twice weekly unless they have a positive PCR result.**

**Process for NHS staff of Household contacts of a positive Covid 19 case**

Staff who are household contacts of a Covid-19 positive case require an enhanced risk assessment to be completed. This must cover the checks detailed in the bullet points below. Appendix 2 Risk assessment for household contact (double vaccinated) should be completed and kept by the line manager.

If an unvaccinated NHS Staff member is identified as a household contact of a known positive Covid 19 case they should continue to self-isolate as per national guidance.

For vaccinated staff the following enhanced risk assessment process is to be followed to bring staff safely back to work.

Staff member is identified as a contact of a positive household contact of someone with Covid 19.

* **Confirm the individual has received 2 doses of Covid-19 vaccination and a booster at least 2 weeks prior to the notification of being a contact**
* **Uptake of the Booster Vaccine should be recorded if eligible**
* **The staff member does not work with extremely clinically vulnerable patients e.g. immunocompromised, cancer / renal patient**
* **If the Staff member normally works with extremely clinical vulnerable patients a risk assessment is undertaken to assess where they may be redeployed**
* **They should inform their line manager or employer immediately if they are required to work within the 10 days of the household contact with COVID-19**
* **A negative PCR result is required following a household member being reported as positive**
* **Staff member should isolate until 1st negative PCR obtained**
* **Staff member must perform daily lateral flow tests**
* **Staff member agrees to have a second PCR swab 4 days after their initial negative in addition to lateral flow testing**
* **If the staff member develops symptoms of COVID-19 during this period, they must self-isolate**
* **This risk assessment (Appendix 2) is kept by the line manager in the employee’s personal file**
* **Staff that require to be temporarily redeployed should be recorded and risk assessment recorded, and all HR requirement completed in line with local policy**

**Lateral Flow Device Test Kits**

Lateral Flow Device testing kits are ordered online at the following address:

<https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>

**All daily results during the period in question should be must be reported using the organisations agreed lateral flow reporting process.**

* **Failure to report a daily Lateral flow results to the line manager may result in disciplinary action**
* **If the employee reports a positive lateral flow device test result, they should immediately commence a period of isolation and seek a national PCR test and inform their line manager**

**Monitoring and Audit**

* This guidance will be monitored by relevant department responsible within each organisation and numbers of staff this guidance is being applied to will be provided recorded
* Any changes to the process driven by changes to national guidance will be made conjunction with the Director of Infection Prevention and Control.

**Review Arrangements**

* This guidance will be reviewed in conjunction with the Director of Infection Prevention and Control and will be approved by the BSW system.

**Appendix 1- Risk assessment for social close contact (double vaccinated)**

**This document is to be used for employees who have been in close contact with an individual who has tested positive for COVID and are double vaccinated**

|  |  |
| --- | --- |
| **Employee Forename:** | **Employee Surname:** |
| **Job title:** | **Ward/department/ organisation:** |
| **Division:** | **Line Manager name:** |

As per Government guidance, with effect from Monday 16th August 2021, most health care workers who have been in close contact with someone who has tested positive for COVID 19 can return to work. The criteria for whom this applies is detailed below:

1. **Employee must have received both vaccinations and a booster + 14 days previously**
2. **the staff member should not have**[**any travel related isolation requirements**](https://www.gov.uk/guidance/travel-to-england-from-another-country-during-coronavirus-covid-19)
3. **Employee must have carried out a lateral flow test and have a negative result**
4. **To arrange a PCR Test (cannot return to work before result is back)**
5. **Commitment to 10 days of lateral flow testing and reporting results on the Government portal and to the line manager in advance of each shift**
6. **If an employee starts to develop symptoms, they must isolate in accordance with Government guidance**
7. **The close contact is not a household member (see second assessment for household contacts)**

Those with a positive household contact must completed the additional risk assessment at the bottom of this document. This document should be completed by the line manager and employee prior to the employee returning to the workplace.

|  |  |
| --- | --- |
| **For completion with the employee** | **Manager to update:**  |
| On what date did the employee last have close contact with individual? (If known) |  |
| Confirmation of vaccination status e.g., NHS app (not test & trace app), vaccination card etc. |  |
| Proof of negative PCR Test e.g., text message (once received) | Date: |
| Lateral flow tests will be required every day for 10 days and results shared with the line manager and recorded on the Government portal |  |
| Assess patient criteria. If there are Extremely Clinically Vulnerable patients, consider reallocation or redeployment where appropriate. Further information: Not to see any immunosuppressed patients. To socially distance from at risk staff members from within the team |  |

All employees are reminded to follow infection and control measures whilst in the workplace including wearing appropriate PPE, social distancing, etc.

All employees who are 92 days post your 2nd dose you should have had or need to arrange your booster dose as soon as possible.

Employee Declaration:

I confirm that I understand the information provided to me and the information I have provided is correct to the best of my knowledge:

|  |  |
| --- | --- |
| **Employee Signature:**  | **Date:** |
| **Manager Signature:**  | **Date:**  |

Lateral Flow Testing log:

To be updated daily by the line manager/supervisor and employee:

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| --- | --- | --- |
| **Test Date** | **Test Result** | **Employee Signature** |
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**Appendix 2- Risk assessment for household contact (double vaccinated)**

**This section of the document is to be used for employees who have a household member who has tested positive to COVID 19**

|  |  |
| --- | --- |
| **Employee Forename:** | **Employee Surname:** |
| **Job title:** | **organisation:** |
| **Division:** | **Line Manager name:** |

**A Green response is required to all 3 questions as listed below:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Staff member is double vaccinated and boosted | Yes | No |
|  | A negative PCR swab been provided that has been obtained within the last 24 hours? | Yes | No |
|  | Staff member agrees to have a second PCR swab 4 days after their initial negative (alongside the daily at flow tests for the 10 days). | Yes | No |

The staff member must isolate pending an initial negative PCR result

The staff member should not have any travel related isolation requirements.

The staff member must not work with Extremely Clinically Vulnerable patients, this may require reallocation of patients or temporary redeployment to a lower risk area.

**The following approvals to be complete if all of the above criteria are met.**

|  |  |  |
| --- | --- | --- |
| **Employee Name:**  | **Employee Signature:** | **Date** |
| **Line Manager Name:** | **Line Manager Signature:** |  |

**Lateral Flow Testing log:**

To be updated daily by the line manager/supervisor and employee and:

|  |  |  |
| --- | --- | --- |
| **Test Date** | **Test Result** | **Employee Signature** |
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**Appendix 3**

**Clinically Vulnerable or Severely Immunosuppressed Patients**

Ultimately the decisionas to the clinical placement of staff returning to work after contact with confirmed COVIDshould be made by clinical staff in charge of the area. The link below may provide some guidance:

[**www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus-clinically-extremely-vulnerable/**](http://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus-clinically-extremely-vulnerable/)

Below are some further examples but this is not an exhaustive list

Severe immunosuppression definitions

Severe immunosuppression is defined in the [Green Book on Immunisation](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655225/Greenbook_chapter_6.pdf) as:

* immunosuppression due to acute and chronic leukaemia’s and lymphoma (including Hodgkin’s lymphoma)
* severe immunosuppression due to HIV/AIDS ([British HIV Association advice](https://www.bhiva.org/BHIVA-and-THT-statement-on-COVID-19-and-advice-for-the-extremely-vulnerable))
* cellular immune deficiencies (such as severe combined immunodeficiency, Wiskott-Aldrich syndrome, 22q11 deficiency/DiGeorge syndrome)
* being under follow up for a chronic lymphoproliferative disorder including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, and other plasma cell dyscrasias
* having received an allogenic (cells from a donor) stem cell transplant in the past 24 months and only then if they are demonstrated not to have ongoing immunosuppression or graft versus host disease (GVHD)
* having received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months and only then if they are in remission
* those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
* those who are receiving, or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and the immune status of the patient)
* those who are receiving or have received in the past 12 months immunosuppressive biological therapy (such as monoclonal antibodies), unless otherwise directed by a specialist
* those who are receiving or have received in the past 3 months immunosuppressive therapy including:
	+ adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/ kg/day in children under 20kg) for more than 1 week
	+ adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
	+ adults on non-biological oral immune modulating drugs, for example, methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day
	+ children on high doses of non-biological oral immune modulating drugs

If you have particular concerns, please discuss with the team managing the patients care or the Infection Prevention and Control team.