

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



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD)91/2021

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*)
RQIA (*for onward circulation to all independent sector
health and social care providers*)

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Our Ref: HSS(MD)91/2021

Date: 31 December 2021

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

**UPDATED POLICY FOR MANAGEMENT OF SELF-ISOLATION OF CLOSE
CONTACTS OF COVID-19 CASES - ADDITIONAL SAFEGUARDS FOR HEALTH
AND SOCIAL CARE STAFF**

Summary

The purpose of this letter is to:

1. Provide updated guidance on the management of health and social care workers identified as close contacts of COVID-19.
2. Provide updated guidance on isolation requirements for health and social care workers who are confirmed cases of COVID-19.

This CMO letter circular replaces HSS (MD) 85/2021 with immediate effect (from Thursday 30 December). The guidance in this letter is applicable to all health and social care settings including all Trust services, domiciliary care, general practice, dentistry and community services. Separate guidance for care homes will be issued, by the PHA on 31 December 2021.

The main change to this guidance is that it allows staff identified as close contacts of a confirmed COVID-19 case, to return to work without taking and waiting for a PCR result **providing they do not work closely with the most clinically vulnerable patient and clients**. As with previous guidance a risk assessment of the service area should be undertaken and documented along with a record that all mitigations as set out below are in place.

Staff whose work **does** bring them into close contact with the most clinically vulnerable patients and clients, **require an additional layer of testing on top of lateral flow testing** prior to their return to work. However, as an alternative to laboratory PCR testing, which is currently under pressure with limited access and extended turnaround times, Trusts can use alternative near patient testing such as LIAT or the Lumira Dx antigen test for this purpose. All Trusts have rapid testing capacity and Trusts should consider how their current testing resources such as should be deployed to facilitate timely testing of those staff identified as close contacts who work with the most clinically vulnerable patients and clients, to facilitate their return to work.

The most clinically vulnerable patients and clients are those at the highest risk of adverse consequences of COVID -19. This group would include, for example, patients on chemotherapy, transplant patients, those who have profound immune-deficiency and unvaccinated residents in care homes. This list is not exhaustive and local management may determine other groups in their setting.

Summary of updated guidance

From the date of this letter, health and social care workers **whose work does not bring them into close contact with the most clinically vulnerable groups** as determined by local management can return to work without a PCR test providing **all** the following requirements are met:

- The staff member has had two doses of an approved vaccine, and has received a **booster dose at least 14 days prior to the date of their exposure to the confirmed case**. Staff who are not yet eligible for the booster because it is less than three months since their second dose can also return under this policy provided their second dose was more than 14 days prior to the date of exposure.
- The staff member should take a lateral flow test (LFT) as soon as possible after their exposure in line with the general population guidance. If this is negative the staff member can attend work **providing they are asymptomatic and take a lateral flow test (LFT)** every day until the 10th day after the last date of contact with the positive case. On days when the staff member is working, they should take the daily LFT as close as possible to the start of their shift.
- LFT results should be reported to Test and Trace via the web portal [Report a COVID-19 rapid lateral flow test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/report-a-covid-19-rapid-lateral-flow-test-result) . They should also report the result to the duty manager or an identified senior staff member. Any staff member who has a **positive LFT should self-isolate immediately**, not attend work and arrange a PCR test.
- The staff member should only attend work if they are and remain asymptomatic.
- Staff member should continue to adhere to all advised/required Infection Prevention and Control (IPC) measures, in line with the current UK IPC guidance and appropriate to the service setting to which the staff member is returning.

- If the staff member develops any COVID-19 symptoms they should stay at home, immediately self-isolate and arrange a PCR test.
- A risk assessment of the service area should be undertaken and documented, along with of a record that all mitigations as set out above are in place (see **Annex A**). This should be undertaken by a suitably competent and authorised manager in the organisation.

Health and social care workers who **have close contact with the most clinically vulnerable patients and clients** can return to work provided:

- The staff member has had two doses of an approved vaccine, and has received a **booster dose at least 14 days prior to the date of their exposure to the confirmed case**. Staff who are not yet eligible for the booster because it is less than three months since their second dose can also return under this policy provided their second dose was more than 14 days prior to the date of exposure.
- The staff member should take a lateral flow test (LFT) as soon as possible after their exposure in line with the general population guidance. In addition, the Trust should arrange for the staff member to have a **PCR test or suitable alternative and a negative result should be available before the staff member returns to work**.
- If this additional test is negative the staff member can attend work **providing they are asymptomatic and take a lateral flow test (LFT)** every day until the 10th day after the last date of contact with the positive case. On days when the staff member is working, they should take the daily LFT as close as possible to the start of their shift.
- LFT results should be reported to Test and Trace via the web portal [Report a COVID-19 rapid lateral flow test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/report-a-covid-19-rapid-lateral-flow-test-result) . They should also report the result to the duty manager or an identified senior staff member. Any staff member who has a **positive LFT should self-isolate immediately**, not attend work and arrange a PCR test.
- The staff member should only attend work if they are and remain asymptomatic.
- Staff member should continue to adhere to all advised/required Infection Prevention and Control (IPC) measures, in line with the current UK IPC guidance and appropriate to the service setting to which the staff member is returning.
- If the staff member develops any COVID-19 symptoms they should stay at home, immediately self-isolate and arrange a PCR test.
- A risk assessment of the service area should be undertaken and documented, along with of a record that all mitigations as set out above are in place (see **Annex A**). This should be undertaken by a suitably competent and authorised manager in the organisation.

Time limited arrangements for staff who are eligible for a booster but have not received it

If there is a serious risk to service continuity as a result of workforce shortages and, following a risk assessment, staff who are eligible for a booster but have not yet received it can return to work if they are identified as close contacts of COVID-19 cases and provided the remaining suite of mitigations set out in this letter are followed. This is a **time limited exemption** and will **only be applied until 14 January 2022**.

The decision to permit staff in this category to return to work must be made on a case-by-case basis, and only after a full risk assessment has been carried out and documented by suitably competent and authorised managers in the organisation. Careful consideration should be given to the risk of onward transmission of infection balanced with the risk to delivery of critical services. This arrangement must be implemented on a case-by-case basis and **must not be applied uniformly across the organisation**.

After 14 January staff who are eligible for but have not had the booster will not be able to return to work under this policy. **It is imperative that health and social care providers take immediate steps to ensure all eligible staff receive a booster dose by 31st December at the latest to avoid negative impacts on staffing.**

Isolation requirement for staff who are confirmed cases of COVID-19

With effect from Friday 31 December 2021, people in Northern Ireland who have tested positive for COVID-19 may be able to end their self-isolation period as early as the 7th day of isolation.

Updated guidance on isolation requirements for health and social care workers who are confirmed cases of COVID-19

Individuals, including health and social care workers, who have tested positive can take an LFT from the sixth day of their isolation period, and another LFT test on the following day. The second LFT should be taken at least 24 hours after the first. If both LFT results are negative, they may end their self-isolation after the second negative LFT result. Staff should not take an LFT before the sixth day of their isolation period and should only end their self-isolation following 2 consecutive negative LFT tests (which should be taken at least 24 hours apart).

Health and social care workers who have tested positive may then return to work provided they have two negative LFT results at least 24 hours apart as described above and in addition meet the following requirements:

- The staff member should not have any [COVID-19 symptoms](#).
- The staff member should continue to undertake daily LFTs for the remaining days of isolation period. For example, if the first LFT was taken on the sixth day, and the second LFT was taken on the seventh day, they should continue to take LFTs on day 8, 9 and 10. If the first LFT was taken on the seventh day and the second LFT was taken on the eighth day, they should continue to take LFTs on day 9 and 10.

- If any of these LFD test results are positive the staff member should isolate and should wait 24 hours before taking the next LFD test.
- On days the staff member is working, the LFD test should be taken prior to beginning their shift, as close as possible to the start time.
- The staff member must continue to comply with all relevant infection control precautions throughout the day.
- If the staff member works with the most clinically vulnerable patients or clients (as above and determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment of the returning staff member for the remainder of the original 10 day isolation period.

If the staff member has positive LFT result between day 6 and 10 they must continue to isolate and should not attend work. The likelihood of a positive LFT in the absence of symptoms after 10 days is very low. If the staff member's LFT result is positive on the 10th day, they should continue to take daily LFTs, and should not return to work until a single negative LFT result is received.

Evidence provided by the UK Health Security Agency suggests that this new policy could result in a slightly higher risk of individuals leaving isolation while still infectious compared to isolation for a full 10 days. However, continued daily LFTs up to and including day 10 together with adherence to all recommended IPC precautions will reduce the risk of transmission in the health and social care setting.

Please note this refreshed guidance can be applied to those cases currently isolating and close contacts awaiting PCR results from the date of issue of this letter. In conclusion, application of all elements in this guidance should be supported by a risk assessment carried out and documented, along with a record of all the relevant mitigations, by a suitably trained manager. HSC Trusts must have a lead Director with responsibility for governance, oversight, assurance and reporting in relation to implementation of all aspects of the policy. Other provider organisations and employers are asked to put in place similar arrangements, commensurate to the scope and scale of their organisation. These arrangements will be kept under review and may be subject to change. We ask that organisations assure themselves of arrangements for dissemination of any updates.

Thank you very much for your continued support in managing and mitigating the COVID-19 pandemic.

Yours sincerely



PROF SIR MICHAEL McBRIDE
Chief Medical Officer

