The Scottish Government
Health Workforce Directorate

Scottish Government
Riaghaltas na h-Alba
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Addresses

For action
Chief Executives,
Chairs,
HR Directors,
Testing SPOCs,
Nurse Directors,
Medical Directors, Local Authority Chief Executives, Chief Social Work Officers,
Chief Officers.

For information

Infection Control Managers, Public Health Directors,
Employee Directors,
Representatives, Workforce Senior Leadership Group Members.

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Dear Colleagues

UPDATE ON ISOLATION EXEMPTIONS FOR HEALTH AND SOCIAL CARE STAFF

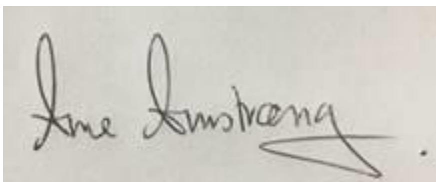
From 9 August people (including health and care workers) identified as close contacts of someone who has tested positive for Covid 19 are no longer required to automatically self-isolate if they are double vaccinated with the 2nd dose of COVID-19 vaccine at least two weeks prior to exposure to the case, have no COVID-19 cardinal symptoms (i.e: a new continuous cough or high temperature of 37.8 or above or a loss of, or change in, normal sense of taste or smell (anosmia)) and return a negative PCR test taken after exposure to the case.

We are writing to share an updated Policy Framework outlining the clinical safeguards necessary to reduce any residual risk with close contacts returning to work within Health and Social care.

This framework replaces the 'in extremis' Framework for the implementation of isolation exemptions for Health and Social Care staff DL(2021) 22.

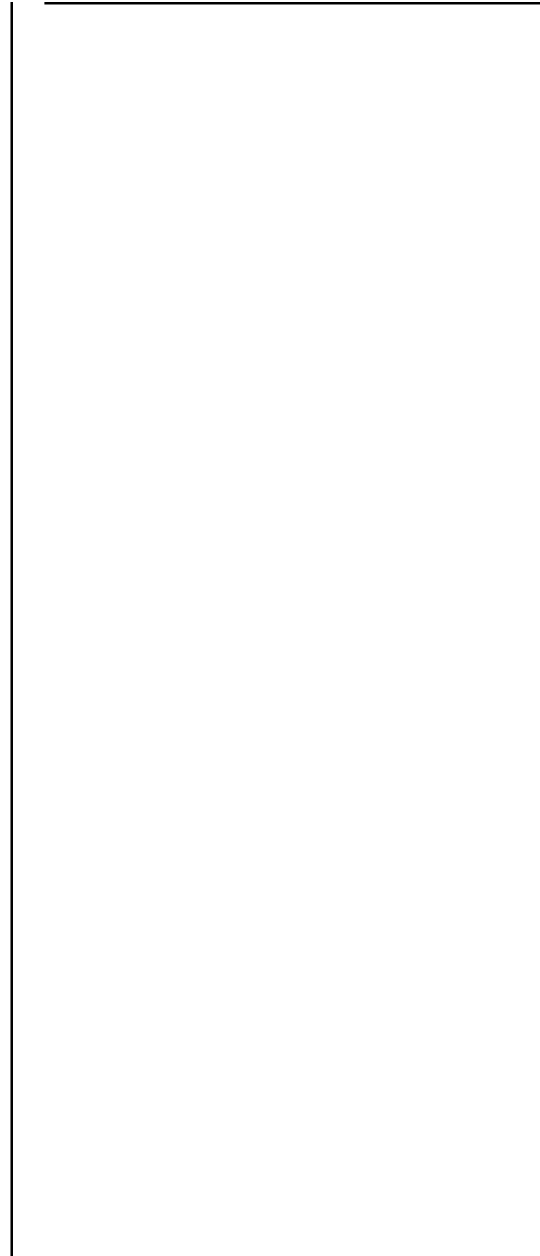
Yours sincerely

Gillian Russell
Director of Health Workforce



Anne Armstrong
Deputy Chief Nursing Officer Designate

Gregor Smith
Chief Medical Officer



Appendix A

1. A revised national position has come into operation from the 9th August 2021 that allows individuals contacted through the Test and Protect system to return to work, where they have been doubly vaccinated two weeks prior to exposure, have no symptoms and return a negative PCR test.

2. To reflect this change in national guidelines this document updates the guidance for staff who work in Health and Social Care Services and **succeeds** the **Framework for the Implementation of Isolation Exemptions for Health and Social Care Staff (scot.nhs.uk)** that was published on 23 July 2021.

3. This revised policy document enables Health and Social Care staff to return to work safely. It is being implemented to provide a simple and consistent approach, which ensures parity with cross-sectoral guidance, whilst recognising that there needs to be additional safeguards in place to protect those who use health and care services.

4. Public Health Scotland (PHS) have updated their assessment and maintain where robust mitigations are in place, that the risk to staff, their colleagues and those they care and support is low and staff are able to return to work safely.

5. The assessment by PHS identified the following key themes:
   - The impact of vaccination in reducing transmission.[1]
   - The effectiveness of the vaccine against the delta variant, two weeks[2] [3]
   - The effectiveness of lateral flow tests in detecting covid-19 cases including the delta variant.[4]

Policy Position

6. COVID-19 close contact Health and Social Care staff are eligible for exemption from self-isolation under the same conditions as the general population. As of the 9th August 2021 the conditions are as follows:

   - People are eligible for isolation exemption if they:
     - Are double vaccinated with an approved vaccine at least 14 days prior to exposure (with the day of vaccination counting as 'day 1');
     - Have had a negative PCR test, where the sample is taken after exposure;
     - Are not currently self-isolating as a case;
     - Do not have COVID-19 symptoms (Coronavirus (COVID-19): General advice | NHS inform).

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[1] Effect of vaccination on transmission of COVID-19: an observational study in healthcare workers and their households **(preprint)**

[2] Effectiveness of COVID-19 vaccines against the B.1.617.2 variant | medRxiv

[3] Effectiveness of COVID-19 vaccines against hospital admission with the Delta variant - Public library - PHE national - Knowledge Hub (khub.net)

[4] https://www.gov.uk/government/publications/lateral-flow-device-performance-data

- In general, and for the purposes of this initiative, people are exempt from PCR testing if they have tested PCR positive in the previous 90 days.
- Exemption from self-isolation applies even if there is ongoing exposure to - the index case, e.g. a household member.
- People are advised to limit contact as part of the COVID mitigation advice issued to the general population.

Return to work for COVID-19 close contact staff

7. Staff members who are exempt from isolation under the conditions outlined in paragraph 6 would be expected to return to work, applying the following mitigations:
   - The staff member performs a daily LFD test for 10 days following their last exposure.
     - If the index case (contact) is a household member, the daily LFD testing will begin from the date the household contact develops symptoms or when a positive test (LFD or PCR) is returned if asymptomatic.
     - If a person is exempt from the initial PCR test due to a positive PCR in the previous 90 days, then they need to have a negative LFD test prior to their initial return to work and still need to do the daily LFD for 10 days from last exposure to the case (or date of symptom onset/date of positive test if there is ongoing exposure to the index case).
   - The staff member records the results of the daily LFD and informs their manager http://www.covidtestingportal.scot/. If the LFD result is positive the staff member should isolate and seek a confirmatory PCR. Adherence and reporting of daily LFD tests should be supervised by the line manager of the staff member.
   - Staff members must adhere to infection prevention and control appropriate to the setting in which they work.
   - PPE should be worn in accordance with the relevant Scottish COVID 19 IPC addenda (for information Acute, Care Home and Community Health and Care settings).

8. In an outbreak situation the local Health Protection Team can override exemption from isolation as per the Scottish Government guidance on Management of Public Health Incidents. This policy does not signal any change to IPCT guidance issues by ARHAI. National Infection Prevention and Control Manual: Home (scot.nhs.uk)

9. Where conditions cannot be fulfilled for exemption from self-isolation as a close contact (e.g. the staff member is not doubly vaccinated, they do not have a negative PCR result or, for whatever reason decline a PCR test, they have COVID symptoms,) the staff member must not attend for work and is expected to complete self-isolation for 10 days following exposure, returning to normal activities if well and no fever for 48 hours (without the use of anti-pyretics).

10. During a period of isolation exemption the staff member **should not** work with high clinical risk patients / service users. High clinical risk groups would include patients on chemotherapy, immune-suppressants such as pre/immediately post-transplant, those who have profound immune-deficiency and other high clinical risk patients who are not vaccinated. This list is not exhaustive and local line managers

may determine other groups as fitting within the high clinical risk category. Staff can however be asked to return to work in roles to care for and support people who are not deemed at high clinical risk.

11. Where a staff member declines daily LFD testing then they should not work in any clinical setting during the isolation exemption period.

12. In accordance with the Enhanced Mask Guidance, fluid resistant surgical masks (FRSMs) are required to be worn at all times during the work day except when eating or drinking as both protection for the wearer and as source control should they have COVID-19 asymptomatically. Whilst it is not recommended, FFP3 masks can be provided on a discretionary basis to allay any extreme concerns the staff member may have. It must be noted, that there is no clinical evidence that FFP3 masks provide any additional source control than FRSMs. They can be uncomfortable for the wearer and are not recommended for continuous use. Where an FFP3 mask is worn, it must be face-fit tested to ensure the correct size is worn and face-fit checked prior to application. In addition, there is evidence that a valved FFP3 mask does not provide adequate source control. The level of requests, uptake and provision of FFP3s will remain subject to review.

13. During the 10 day period where staff are also self-testing, the flexibility to wear an FFP3 mask for staff returning from self-isolation does not constitute a change to previous issued policy on the provision of PPE. These masks should only be used following a risk assessment and to assist with alleviating any overwhelming concern of the staff member in question.

When and how is this policy to be applied?

14. This policy will be applied when staff members are identified as a close contact of someone who is COVID-19 positive.

15. The policy will apply whether a member of staff is identified as a passing close contact or a contact of someone within their immediate household.

16. Staff will be expected to return to work if asked to do so.

17. Health and Social Care services no longer need to demonstrate that they are in an 'in extremis' position before asking staff to return to work.

18. Health Boards and Health and Social Care Partnerships no longer need to approve staff returning to work. Responsibility for asking staff to return to work and ensuring that the guidance is implemented in full lies with the individual employer/line manager.

19. The policy framework does not supersede or provide advice on matters that are governed by Part 1 of the Health and Safety at Work Act 1974, and any legislation or guidance made under, or about, that Act, occupiers liability or other legal obligations on health and social providers to ensure that premises are generally safe for patients, residents, visitors and staff. It is important that health and social care providers seek independent advice on those matters, and if necessary, what

the impact of Covid-19 may be, to ensure they are complying with any such legislation or obligations.

20. A checklist template that employers can use with employees is outlined in **Annex A**.

Governance / Monitoring

21. As outlined in paragraph 12, the number of requests, uptake and provision of FFP3 masks will remain subject to review and Boards will be asked to monitor this locally.

Annex A - Checklist template employer with employee

<table>
<tr><th>No</th><th colspan="3">Individual checklist – Employer with employee</th></tr>
<tr><td></td><td>Statement</td><td>Check</td><td>Mitigation</td></tr>
<tr><td>1</td><td>Is the employee double vaccinated (at least 14 days post 2nd vaccination) Day 1 being day of second vaccination.</td><td></td><td>No – staff member should self-isolate for 10 days.

Yes – move to Qu 2</td></tr>
<tr><td>2</td><td>Is their PCR/covid status known.

PCR test must be taken after being identified as a close contact.

Staff member declines PCR test</td><td></td><td>PCR negative
• Yes Qu.3

PCR positive
• They self-isolate for 10 days.

Status unknown –
• Need to book PCR.

PCR Test declined.
• They self-isolate for 10 days

If staff member has had a positive PCR within the last 90 days (and are no longer an active case) they do not need to carry out a PCR test but a LFD.</td></tr>
<tr><td>3</td><td>Does the staff member have access to lateral flow devices and are they able to use them appropriately?</td><td></td><td>Yes – Staff member should test daily using LFDs for 10 days after exposure to COVID-19, log result and report result to their line manager.

http://www.covidtestingportal.scot/;

No – Line manager should facilitate access to LFDs prior to return to work.

<u>Mitigations are met</u> (vaccination, no symptoms and consent to daily LFD testing) - staff should not work in high risk clinical settings. High clinical risk groups would include patients on chemotherapy, immune-suppressants such as pre/immediately post-transplant, those who have profound immune-deficiency and other high clinical risk patients</td></tr>
</table>

			who are not vaccinated. Staff can be asked to return to work with low risk clinical groups. **Staff decline daily LFD testing** - if staff decline daily LFD testing then they should not work in any patient/client facing role (including low risk or high risk clinical groups). Staff can be asked to return to work in non-patient/client roles.
4	Has the staff member had an informed discussion with their line manager/equivalent.		Managers should ensure a risk assessment is carried out ensuring mitigations are in place and that the member of staff is not returning to a high risk clinical setting. If the staff member declines daily LFD testing that they should not return to any patient/client facing roles. If the staff member develops symptoms after returning to work they must self-isolate and undertake a PCR test. If one of the daily LFD tests is positive they must self-isolate and undertake a PCR test