

**COVID-19**

**INFECTION PREVENTION & CONTROL**

**ISOLATION EXEMPTION**

**STANDARD OPERATING PROCEDURE.**

**COVID-19 INFECTION PREVENTION AND CONTROL:**

**ISOLATION EXEMPTION STANDARD OPERATING PROCEDURE**

* 1. The current high prevalence of Covid-19 has resulted in large numbers of health and social care staff required to self-isolate which is placing extreme pressure on some health and social care services due to staff shortages. The notification could come from NHS track and Trace, which is a legal requirement, or via the NHS Covid App which is guidance.
  2. The Government have agreed that from 19th July 2021, in exceptional circumstances, staffs who are fully vaccinated may be able to continue in their role. However, to enact the guidance the organisation must be able to prove there is risk to the safety of patients resulting from the absence of essential frontline staff. This protocol outlines the risk assessment required and process to follow if a provider, on business continuity grounds, is considering allowing staff to work during the isolation period.
  3. Guidance on the [Coronavirus (COVID-19): guidance and support - GOV.UK (www.gov.uk)](https://www.gov.uk/coronavirus?gclid=EAIaIQobChMI7oDp1uqA8gIVzNPtCh094wQfEAAYASAAEgJODPD_BwE) states that some fully vaccinated essential frontline health and social care staff in England will be allowed to continue working following exposure to a confirmed Covid-19 case when contacted by the NHS Covid App . The guidance allows for essential frontline staff to be exempt from self-isolation from the workplace only in exceptional circumstances only when absence could lead to a significant risk of harm to patient safety**. The member of staff will need to have a negative PCR and undertake daily lateral flow tests.**
  4. Decisions must be made on a case by case basis, and only after a risk assessment has been completed by the Senior Partner of the practice ensuring all appropriate risk mitigations have been addressed. The balance of risk between staff absence and the potential impact on patient safety – this needs to consider the risk to patients as a consequence of staff shortages versus risk associated with exposure to potential nosocomial or other transmission, which can affect patients and staff which could exacerbate staff shortages

**ROLES AND RESPONSIBILITIES**

**Somerset NHS CCG**

* 1. NHS Somerset CCG is unable to legally authorise any risk assessment carried out by individual employing organisations the ultimate responsibility is undertaken by and liability lies with the employing organisation.
  2. NHS Somerset CCG will review the Exemption from Isolation Risk assessment to ascertain that the correct process has been followed.
  3. The NHS Somerset CCG IPC team will maintain an isolation exemption log with all exemption decisions being reviewed by the Director of Infection Prevention and Control or their designated personal.

**Employing Organisation**

* 1. It is the Organisations responsibility to ensure safe staffing by enacting business continuity plans where staffing levels are affected by staff isolating.
  2. We advise that in each case the employing organisation seeks advice and support via their governance and legal processes when authorising a member of their staff exemption from Isolation.
  3. The [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) guidance is to **allow staff to return to work in exceptional circumstances not compel them to return to work.** The assessment that has been made only allows you to stop isolation for the purpose of providing essential healthcare activities.
  4. The authorisation as referred to in the guidance from the Director of Infection Prevention & Control (DIPC) will be to confirm that the employing organisation has complied with the principles outlined in the [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)

**THE RISK ASSESSMENT**

* 1. Careful consideration should be given to the risk of onward transmission compared to the risk to delivery of clinical services. This arrangement should only be implemented in exceptional circumstances on a case- by- case basis.
  2. In these circumstances staff will remain under a legal duty to self-isolate as a close contact when it is not necessary for them to undertake specific patient or client-facing duties. They will continue to receive isolation reminders throughout their self-isolation period.
  3. In order to mitigate the increased risk associated with this exemption, a risk assessment must be undertaken to assess the need for exemption and ensure the following mitigations are implemented:
     + The staff member must be fully vaccinated, defined as having received both doses of an MHRA approved vaccination, with 14 days having elapsed since the final dose at the time of last contact with the positive case.
     + The staff member should undertake a PCR test and should isolate until they receive the result. They should only attend work if this result is negative.
     + They should undertake daily LFD tests for at least 7 days (and to a maximum of 10 days/ completion of the identified isolation period) prior to starting work each day. Test results should be reported to NHS Test and Trace via the web portal and to their duty manager. Any staff member who has a positive LFD test during this period should not attend work and should arrange a PCR test as soon as possible.
     + If the staff member develops any COVID symptoms during the 10 days from their last exposure to the case, they should stay at home and immediately arrange a PCR test.
     + Staff working during this 10-day period should comply with all relevant infection control precautions and PPE should be properly worn throughout the day. Any breaches should be reported immediately to their line manager.
     + The staff member should not work with clinically extremely vulnerable patients, as determined by the organisation.
     + It is recommended that the staff member should not take breaks or eat meals with other staff.
     + They can only leave their place of self-isolation to undertake work activities, including travel to and from work.
     + They can travel to work by their normal route but should wear a face covering for their journey if within an enclosed space with other individuals.
     + Outside of work activities, the individual must follow current advice for self-isolation.

**GOVERNANCE**

* 1. The protocol for assessing and authorising exemption isolation from contact isolation for staff in the employing organisation is required to be approved by **the Senior Partner** for the practice.
  2. The employing organisation will be responsible for identifying if exemption from isolation should be considered for a member of staff. The Senior Partner for the employing organisation will need to undertake a full risk assessment (Appendix 1) to ensure the list of mitigations described in the section below is addressed. If mitigations cannot not be instigated the exemption cannot be authorised. The risk assessment may be completed by the staff member’s line manager which can then be authorised by the Senior Partner
  3. The employing organisation will inform NHS Somerset CCG when an exemption assessment process has been authorised and provide explanation for the exceptional circumstances and forward the completed risk assessment form to [somicc@nhs.net](mailto:somicc@nhs.net) for review to ensure compliance with the principles outlined in the Isolation Exemption guidance have been undertaken.

**REFERENCE DOCUMENTS:**

[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)

[C1354-Staff-isolation-approach-following-UKHSA-changes-to-Government-website.pdf (england.nhs.uk)](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1354-Staff-isolation-approach-following-UKHSA-changes-to-Government-website.pdf)

Acknowledgement to NHS Kernow CCG for their assistance.

**APPENDIX 1**

**Risk Assessment Framework For:**

**COVID-19: Exemption from contact isolation for fully vaccinated health and social care staff in exceptional circumstances**

We must stress that risk assessment and decision to exclude the member of staff from isolation sits with the originating provider organisation.

This framework has been designed to help individual health and social care organisations operationalise the updated national guidance and advice issued around exemption from contact isolation for fully vaccinated health and social care staff in exceptional circumstances

* [COVID-19: management of staff and exposed patients and 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?utm_medium=email&utm_campaign=govuk-notifications&utm_source=e7cb5139-1cc9-44b5-9cb3-8916333f85bc&utm_content=immediately)
* <https://connect.phe.gov.uk/documents/preview/29541/COVID-19-Exemption-from-contact-isolation-for-fully-vaccinated-health-and-social-care-staff-in-exceptional-circumstances-2021-050> PHE - Briefing Note 2021/050 - 
* <https://www.england.nhs.uk/coronavirus/publication/letter-on-staff-isolation-approach-following-updated-government-guidance/> - Publication approval reference: C1354 - Guidance for allowing essential frontline staff to return to work following a negative PCR if they have been asked to isolate due to potential contact

The framework is intended to help organisations give careful consideration to the risk of onward transmission of Covid-19 compared to the risk to delivery of critical services due to staff absence and to encourage clear documentation of the risk assessment process and the context at the time it was undertaken.

The framework is intended to cover essential, fully vaccinated, frontline health and social care staff. It is recognised that there may be variation in how local systems may interpret which organisations and employees fall within scope.

In the very limited circumstances where an exception to isolation is made, it is envisaged staff will remain under a duty to self-isolate as a close contact. However, they will be considered as having a ‘reasonable excuse’ not to self-isolate for the defined period where it is necessary for them to undertake specific patient or client-facing tasks or travel to and from delivering those duties. They will continue to receive isolation reminders. The exemption may not apply to the entire isolation period; it will need to be reviewed and risk assessed dynamically. The exemption gives the employer the right to allow the staff member to return to the workplace, but not to compel them to return.

This framework has been developed through the best endeavours of a South West Regional Professional Community of Practice. It is intended that individual organisations and health and social care systems will develop their own standard operating procedures around exemption from contact isolation for fully vaccinated health and social care staff in exceptional circumstances, and take such documents through their usual clinical governance processes and approvals.

**Key principles**:

This is a case by case risk assessment to cover contacts identified through NHS Test and Trace, the NHS Covid App and other formal contact tracing routes. This risk assessment should only be used in exceptional circumstances, eg, where care or other statutory responsibilities cannot be delivered safely. It should not be used to authorise blanket exemptions. It is expected all infection, prevention and control (IPC) measures remain in place.

* The exceptionality of the situation needs to be recorded; all other business continuity measures should be implemented first
* Robust IPC measures must be in place
* The exemption only applies to attending the workplace and travelling to and from it outside of this individuals are expected to remain in isolation
* Careful consideration needs to be given to the concerns of other professional colleagues, other members of staff, clients, and family members may have regarding a member of staff being exempted from self-isolation
* Careful consideration should be given to the risk of onward transmission compared to the risk of delivery of critical services. The decision-making process should be documented clearly
* There needs to be a record of the potential harm that may occur if the member of staff cannot attend the workplace
* There needs to be a record that an assessment of the likelihood of infection from the contact has been assessed (eg, vaccinated, nature of exposure)
* There needs to be a record of what mitigations will be in place to prevent onward infection if the person was to become a case (eg, testing, PPE use, etc)
* There needs to be a record that mitigations have been put in place to protect the most vulnerable (including residents and staff) from a potentially harmful exposure (eg, not working with immunocompromised etc)
* The member of staff who is isolating should not be required to attend work if they wish to continue with their self-isolation

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| **Risk Assessment** | |  |
| **Employee name:** | **Employee role:** |  |
| **Name of organisation:** | | |
| **Assessment date:** | **Contact details:** |  |
| Date isolation notification received:  Date member of staff able to come out of self-isolation: | | |
| Is there a risk to health or safety, or the safety of providing continuing clinical or care services (or other critical services) resulting from this member of staff being absent during their isolation period? | | **Yes / No** |
| Have all other business continuity plans been actioned, and all other options explored leaving returning this member of staff to the workplace as the only option?  (please provide documentation to evidence this) | | **Yes / No** |
| Please provide full details of the potential harm that may arise from this person not attending the workplace during their isolation period | |  |
|  | |
| Has employee had two MHRA approved Covid vaccinations and was the second vaccination at least 14 days before the date of contact  Date of vaccination and batch number 1:  Date of Vaccination and batch number 2: | | **Yes / No** |
| Have you seen evidence of their vaccinations (a screen shot of the NHS App which contains the individual vaccination status or a photograph of their vaccination card) | | **Yes / No** |
| The nature and context of the exposure may impact the likelihood of the contact going on to get infected, which will impact the balance of risk. (Please refer to guidance documents linked above)  Please document what is known about the nature of the contact and the setting in which it occurred. *It is important to include whether the contact was with a household member. In NHS settings, where the contact was with someone from the staff member’s household, the contact will not be eligible for this risk assessed exemption process and must continue to isolate.* | | |
| If employee continues to attend work, are they able to be located away from clinically vulnerable colleagues/clients/patients/residents? (May need to move other staff)  <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus-clinically-extremely-vulnerable/> | | **Yes / No** |
| **Recommendation:**  Please take into account all the evidence provided including the supplementary evidence and the responses to all the questions above before making a recommendation. If any question has been answered “No” then this staff member will not be suitable for exemption.  Having reviewed the balance of risk between onward transmission of Covid-19 compared to the risk to delivery of critical services due to staff absence, as well as the mitigations available, exemption from isolation for this member of staff is a reasonable course of action at this time.  Name of Person completing risk assessment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Role of person completing risk assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Yes / No** |
| **Approval:**  Name of Person approving risk assessment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Role of Person Approving risk assessment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Local organisation clinical governance process to be adhered to in developing standard operating procedures around exemption from contact isolation for fully vaccinated health and social care staff in exceptional circumstances* | | Each organisation will need to determine who within their organisation approvals need to come from |

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| **Mitigations: Checklist for those returning to work / meeting criteria** | **Discussed and process in place** |
| Employee has had a negative PCR test result before returning to work | **Yes / No** |
| Undertake daily LFD tests for at least 7 days (and to a maximum of 10 days/ completion of the identified isolation period) prior to starting work each day | **Yes / No** |
| Test results should be reported to NHS Test and Trace daily via the web portal and to their duty manager and for results to be recorded by their duty manager | **Yes / No** |
| Staff member has been informed and understands if they have a positive LFD test during this period they should not attend work and should arrange a PCR test as soon as possible | **Yes / No** |
| If employee develops Covid symptoms, must stay home and immediately arrange a PCR test | **Yes / No** |
| Workplace risk assessment completed and risk mitigation of asymptomatic onward transmission to colleagues | **Yes / No** |
| Individual understands all PPE and all IPC measures to be maintained. Any PPE breaches to be immediately reported to line manager and escalated | **Yes / No** |
| IP&C arrangements in place of work are robust and recorded, and that all staff are aware of arrangements (documentation to be provided) | **Yes / No** |
| Employee cannot take breaks or meals with others, space to eat alone | **Yes / No** |
| Travel to and from work only during isolation period – no other outside contacts allowed. Isolation remains a legal obligation until 16th Aug 2021 | **Yes / No** |
| Employee should not work with clinically extremely vulnerable patients / residents or colleagues | **Yes/No** |
| Employee should wear face covering for travel to work if within enclosed space with other individuals and avoid public transport where possible | **Yes/No** |
| Individual has been informed and understands that outside of work activities, the individual must follow current advice for self-isolation. | **Yes/No** |

**If any part of the checklist is marked “No” then the exemption cannot proceed.**