

# POLICY FRAMEWORK ON RETURN TO WORK FOR HEALTH AND SOCIAL CARE STAFF IDENTIFIED AS CASES OR FOLLOWING CLOSE CONTACT WITH A POSITIVE COVID-19 CASE

Updated 17 January 2022

Deputy Chief Medical Officer

Graham Ellis

Deputy Chief Nursing Officer

Anne Armstrong

The Scottish Government

Health Workforce Directorate

Gillian Russell

The Scottish Government

Social Care Directorate

Donna Bell

Dear Colleagues,

## UPDATE ON SELF-ISOLATION FOR HEALTH AND SOCIAL CARE STAFF

We are writing to share an updated Policy Framework to the self-isolation guidance for Health and Social Care Staff, as a result of changes to the COVID-19 self-isolation guidance for the general population.

Since 6 January 2022, as announced by the First Minister (5 January 2022), the following has applied to health and social care staff.

- All index (positive) COVID-19 cases, can exit self-isolation on day 7 regardless of vaccination status, if they have a negative Lateral Flow Device (LFD) test on day 6 and day 7 (taken 24 hours apart) and do not have a fever (for the previous 48 hours without the use of anything to reduce a fever).
- Unvaccinated contacts (0-2 doses) will be asked to take a PCR test and regardless of result will be asked to isolate for 10 days, from exposure to the case.

From 17 January 2022 the following also applies to health and social care staff:

- Fully vaccinated staff (those who have had two doses and a booster 14 days prior to the last exposure to the case), identified as either household or non-household contacts will be expected to take daily LFD tests for seven days, from exposure to the case and if the LFD tests are negative and they remain well, will not have to isolate. They can also end further contact testing at the end of the 10 day period.

As health and social care workers continue to provide health, care and support to individuals whom are at higher risk of COVID-19 infection, there will continue to be additional safeguards in place for these settings. All health and social care providers/employers and their staff should follow the updated policy as detailed in **Annex A** for COVID-19 self-isolation.



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

DL (2022) 01

6 January 2022

Updated 17 January 2022

### Addresses

#### For action

Chief Executives NHS Boards and Local Authorities,  
Chairs,  
HR Directors,  
Testing SPOCs,  
Nurse Directors,  
Medical Directors,  
Chief Social Work Officers,  
Chief Officers HSCPs  
Registered Care Home Providers  
Supported Housing Providers  
Care at Home Providers

#### For information

Infection Control Managers,  
Public Health Directors,  
Employee Directors,  
Representatives,  
Workforce  
Senior Leadership Group  
Members  
ARHAI Scotland  
Public Health Scotland  
Care Inspectorate  
Scottish Care  
COSLA  
Coalition of Care and Support Providers  
Scotland (CCPS)  
All Health and Social Care Staff

### Enquiries to:

Scottish Government  
Directorate for Health Workforce

**POLICY FRAMEWORK ON RETURN TO WORK FOR HEALTH AND SOCIAL CARE  
STAFF IDENTIFIED AS CASES OR FOLLOWING CLOSE CONTACT WITH A POSITIVE  
COVID-19 CASE**

Updated 17 January 2022

We would like to continue to remind the sector that it is critical that staff receive their vaccines and booster due to our current understanding of the characteristics of the Omicron variant:

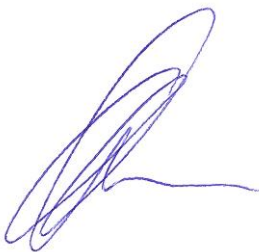
- It has increased transmissibility compared to previous variants that have emerged.
- Having your 1<sup>st</sup> and 2<sup>nd</sup> dose of the vaccine offers limited protection against symptomatic disease from this variant.
- Receiving a booster dose of the vaccine is known to increase protection from Omicron substantially.<sup>1</sup>

Early identification of cases is even more important with the Omicron variant and as you are aware, we are strongly encouraging all health staff to take a LFD test daily and all social care staff to undertake a LFD test each working day and weekly PCR tests where required. Routine daily LFDs and weekly PCRs are not generally required from day 11 to 28 after staff have been identified as a case, as outlined in Annex A.

All staff are reminded to record LFD results (positive, negative and void) on the portal [Welcome - COVID Testing Portal \(service-now.com\)](https://www.service-now.com).

This Framework replaces the previous framework ([First Tier \(scot.nhs.uk\)](https://www.scot.nhs.uk)) from the 24<sup>th</sup> December 2021.

Yours sincerely



Graham Ellis  
**Deputy Chief Medical Officer**



Anne Armstrong  
**Deputy Chief Nursing Officer**



Gillian Russell  
**Director of Health Workforce**



Donna Bell  
**Director of Social Care**

St. Andrew's House  
Regent Road  
Edinburgh  
EH1 3DG

E-mail  
[HWFDirectorateSupportUnit@gov.scot](mailto:HWFDirectorateSupportUnit@gov.scot)

Or  
[CareHomesCovidSupport@gov.scot](mailto:CareHomesCovidSupport@gov.scot)  
For all adult social care queries

<sup>1</sup> [Investigation of SARS-CoV-2 variants: technical briefings - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

# POLICY FRAMEWORK ON RETURN TO WORK FOR HEALTH AND SOCIAL CARE STAFF IDENTIFIED AS CASES OR FOLLOWING CLOSE CONTACT WITH A POSITIVE COVID-19 CASE

Updated 17 January 2022

## Annex A: Policy Framework

### 1. Purpose & Introduction

- a) This revised policy document sets out the conditions that allow Health and Social Care staff who are isolating as a COVID-19 index case or contact of a positive COVID-19 case to leave isolation in seven days, in line with the general population advice.
- b) The document re-affirms the guidance that is currently in place which allows Health and Care Staff who are close contacts (household and non-household) to return to work when certain conditions are met.

### 2. Index Cases (staff who have tested positive for COVID-19)

- a) This will apply to Health and Social Care staff who test positive (regardless of vaccination status and regardless of symptoms) either through work place LFD/PCR testing or PCR testing due to symptoms. If a member of staff tests positive through LFD they no longer need to take a PCR test to confirm their positive status. A person with an LFD positive test should be managed as a confirmed positive case of COVID-19.
- b) Staff, should take a PCR test if they have [symptoms of COVID-19](#), and have not already received a positive LFD test. If a member of staff has symptoms and has already tested positive on LFD (e.g. in the preceding couple of days) they should be treated as COVID-19 positive and do not require a confirmatory PCR.
- c) In line with guidance for the general population staff can return to work from day 7 of their self-isolation, if they have two consecutive negative LFD tests taken 24 hours apart (day 6 and day 7), and do not have a fever for 48 hours (a temperature of 37.8C degrees or above, without the use of anything to reduce a fever). For clarity, as an example, if a staff member tests positive on day 6 but negative on day 7 and 8, they can return to work from day 8. Day 1 is the date of symptom onset (or date of positive LFD or PCR test if asymptomatic)
- d) Following two consecutive negative LFD tests prior to returning to work, Health and Social Care workers, who have been diagnosed as cases should pause their standard work place testing (which is to take daily LFD tests prior to work on working days for social care staff and daily for NHS staff) for 28 days from day 1 (date of symptom onset or test date if asymptomatic). If they are also required to PCR test weekly, they should also pause this for a period of 90 days.
- e) Staff who can return **should not** work with [individuals on the highest clinical risk list for the remainder of the 10 day period](#). The highest clinical risk groups include individuals on chemotherapy, those who are immune-suppressed such as pre/immediately post-transplant, those who have profound immune-deficiency. This does not apply to staff working with other individuals who are not eligible for the vaccine (such as neonates and young children or people who are exempt such as by having allergic reactions) but any such return needs to be risk assessed by the line manager. This list is not exhaustive and local line managers may determine other groups as fitting within the high clinical risk category. In these circumstances, 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.

# **POLICY FRAMEWORK ON RETURN TO WORK FOR HEALTH AND SOCIAL CARE STAFF IDENTIFIED AS CASES OR FOLLOWING CLOSE CONTACT WITH A POSITIVE COVID-19 CASE**

Updated 17 January 2022

- f) For COVID-19 cases, the likelihood of a positive LFD test in the absence of a high temperature after 10 days is low, hence further testing is not advised, unless they have renewed symptoms. If this is the case a risk assessment would be needed.
- g) Staff should **only** return to work in the following circumstances:
- They have had two consecutive negative LFD tests taken 24 hours apart, up to day 10 or one negative LFD test in days 11 to 14.
  - They have not had or do not have a fever (a temperature of 37.8C degrees or above) within the previous 48 hours.

## **3. Fully vaccinated contacts**

- a) This applies to all Health and Social Care staff who are identified as a contact (both household and non-household) of a positive COVID-19 case and are fully vaccinated (usually two doses and a booster dose at least 14 days prior to last exposure of case).
- b) If a member of staff is a contact of a case, they should take an LFD test. If this test is negative and provided they have no COVID-19 symptoms or fever they can attend work ([Coronavirus \(COVID-19\): General advice | NHS inform](#)) with the agreement of their line manager according to a risk assessment.
- c) An exemption from self-isolation exists for contacts who have been diagnosed as a COVID case in the past 28 days, even if they are fully vaccinated and they must follow the testing guidance for positive cases.
- d) However as an additional safeguard, they will also need to take daily LFD tests for 10 days and report these to their line manager. If an LFD test is positive, or the individual develops symptoms within the 10 day period, they must follow the self-isolation guidance for index cases as detailed in Part 2 of this guidance. This includes re-setting their day 1 to the date of the positive test. Staff are reminded to record results (positive, negative and void) on the portal [Welcome - COVID Testing Portal \(service-now.com\)](#)
- e) After the 10 day period as a contact, staff should continue to take an LFD test prior to each working day, or each day as per their workplace testing requirements and can continue to work if they have a negative result.
- f) Those who are participating/have participated in a formally approved COVID-19 vaccine clinical trial are treated as equivalent to those vaccinated through the NHS vaccination programme and similarly, a risk assessment will determine their return to work. [See NHS Inform for more information on COVID-19 vaccination status for clinical trial participants.](#)

## **4. Contacts that are not fully vaccinated**

- a) This applies to staff who are identified as a contact (both household and non-household) of a positive COVID-19 case and are not fully vaccinated (usually meaning they have not received two vaccination doses and a booster dose at least 14 days prior to last exposure to the case).

# **POLICY FRAMEWORK ON RETURN TO WORK FOR HEALTH AND SOCIAL CARE STAFF IDENTIFIED AS CASES OR FOLLOWING CLOSE CONTACT WITH A POSITIVE COVID-19 CASE**

Updated 17 January 2022

- b) If a staff member is not fully vaccinated and is a contact of a case, they should take a PCR test, as soon as possible, upon finding out they are a contact. They should not attend work and should complete their 10 day self-isolation period. There is currently no option for staff who are not fully vaccinated and are identified as a contact to exit self-isolation early.
- c) An exemption from self-isolation exists for contacts who have been diagnosed as a COVID case in the past 28 days, even if they are not fully vaccinated and they must follow the testing guidance for cases.
- d) If a member of staff develops symptoms or tests positive during their 10 day isolation period as a contact, they should follow guidance for index cases as detailed in Part 2 of this guidance and re-set the self-isolation period.
- e) After the contact self-isolation period, provided staff have not become a case, they should continue with their workplace testing regime which includes taking an LFD each working day or each day prior to attending work for social care staff and each day for NHS staff.

## **5. Mitigations for staff returning to work in health and social care settings**

- a) If a member of staff meets the conditions to exit self-isolation early, as outlined in paragraph 2 or 3 (depending on the scenario), they are expected to return to work. In addition to the conditions for returning to work as detailed above, which includes daily LFD testing and not working with individuals on the highest risk list, the member of staff should:
  - record the results of the daily LFD <http://www.covidtestingportal.scot/> and inform their manager of the result.
  - as always, adhere to infection prevention and control appropriate to the setting in which they work.
  - correctly wear personal protective equipment (PPE) in accordance with the National Infection Prevention and Control Manual: Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum ([scot.nhs.uk](http://scot.nhs.uk)). This includes wearing face masks in accordance with the [face mask guidance for hospitals and primary care and the use of face mask guidance for social care settings including adult care homes](#)
  - remain vigilant for symptoms and test and self-isolate if they arise.
- b) It is important for staff to note that these exemptions are in place to enable staff to return to work during their potentially infectious period (for cases) or their post-contact period (for contacts) of risk. They should however continue to follow advice as set out on NHS inform on [Coronavirus \(COVID-19\): Self-isolation guidance for individuals with possible coronavirus infection | NHS inform](#) including avoiding crowded places, social events and care home or hospital visiting for the remainder of their 10 day periods.

# **POLICY FRAMEWORK ON RETURN TO WORK FOR HEALTH AND SOCIAL CARE STAFF IDENTIFIED AS CASES OR FOLLOWING CLOSE CONTACT WITH A POSITIVE COVID-19 CASE**

Updated 17 January 2022

- c) In an outbreak situation the local Health Protection Team can override exemptions from case and contact isolation as per the Scottish Government guidance on Management of Public Health Incidents. This policy does not signal any change to IPC guidance issued by ARHA. [National Infection Prevention and Control Manual: Home \(scot.nhs.uk\)](https://www.scot.nhs.uk/nipic/home)

## **6. When and how is this policy to be applied?**

- a) This policy will be applied when staff members are confirmed as having Covid -19 (index cases) or when they are contacts of Covid-19 positive cases. Any amendments to this policy apply from the date it is updated (as shown in the header).
- b) Health and Social Care employers (including NHS, primary care and independent contractors and social care providers) no longer need to demonstrate that they are in an 'in extremis' position before asking staff to return to work.
- c) Responsibility for asking staff to return to work and ensuring that the guidance is implemented in full lies with the individual line manager. Staff are expected to return to work if they meet the conditions as outlined in this policy.
- d) 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.