The Scottish Government
Health Workforce Directorate

Scottish Government
Riaghaltas na h-Alba
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Dear Colleagues

FRAMEWORK FOR THE IMPLEMENTATION OF ISOLATION EXEMPTIONS FOR HEALTH AND SOCIAL CARE STAFF

We are writing to share a Policy Framework and accompanying staff fact sheet outlined in full below. The framework has been designed with clinical leads within the Scottish Government to enable fully vaccinated and asymptomatic Health and Social Care staff who have been a contact of someone with a positive Covid test to be exempted from self-isolation requirements under specific circumstances. These circumstances are detailed within the framework which sets out a range of control measures to ensure that we continue to prioritise the safety of Health and Social Care staff and patients / service users.

The Scottish Health and Social Care workforce has been impacted by high community Covid transmission rates, with self-isolation policy of contacts contributing to sustained pressure on certain services resulting from increases to staff absence. The framework will assist Health and Social Care Employers to determine the appropriate 'in extremis' conditions in which they can ask appropriate staff if they are willing to return to support service delivery.

It is important to stress that nothing in the framework would make it mandatory for any self-isolating health and social care worker to return to work, even if asked. No staff member should feel under any pressure to return to work during a period of self-isolation if they don't feel able to do so.

The Scottish Government is committed to evidence based policy making and we have supplied the Public Health Scotland SBAR which provides some of the evidence in support of this approach.

The recommendation provides an agreed variation to the current policy position in Scotland and can be implemented at service level on a case-by-case basis across both Health and Social Care services.

DL (2021) 22

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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Yours sincerely

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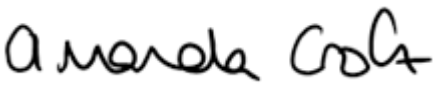

Professor Amanda Croft
Chief Nursing Officer

Gregor Smith
Chief Medical Officer

Appendix A.

Policy framework for the implementation of isolation exemptions for health and social care staff

Purpose

1. To set out the specific circumstances in which NHS and social care staff who are fully vaccinated and undertake regular testing in line with Public Health Scotland (PHS) guidance, can (on a ***voluntary*** basis) be exempted from the need to isolate to ensure frontline health and social care services can continue to be delivered safely.

2. PHS have undertaken a detailed review of the evidence and balance of risks to staff and those they care for and support, and concluded that where robust mitigations are in place staff can return to work. The PHS advice and evidence is summarised below:

- PHS advise that with the mitigations of double vaccination, no ongoing exposure to the Covid case, no symptoms, negative PCR result and ongoing LFD testing in place, the risk is extremely low and far outweighed by the risk to service users and the wellbeing of staff where there are severe and significant staff deficits.
- British Medical Journal study of health and social care workers and household contacts showed that vaccination was effective at reducing spread.[1]
- Vaccine studies have shown that vaccines are effective against the delta variant, particularly two weeks following completion of second vaccine [2] [3]
- Lateral flow tests are effective at picking up the delta variant.[4]
- Daily contact testing using lateral flow tests has previously been shown to prove useful in sustaining key services.[5]

3. A Situation, Background, Assessment, Recommendation (SBAR) from PHS entitled "***self-isolation guidance following double vaccination***" setting out this position is included in ***Annex A***.

4. No provision of this policy makes it a mandatory requirement for staff currently self-isolating to return to work. This policy puts into place a temporary set of provisions designed to protect health and social care service provision, by allowing staff who voluntarily wish to end self-isolation to do so safely. Where staff choose to return to work under the terms of this policy, the clinical mitigation requirements outlined, including to undertake testing, are mandatory.

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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
[5] https://www.liverpool.ac.uk/media/livacuk/research/Mass,testing,evaluation.pdf

5. While this policy is in place it would be prudent that if a household contact of a healthcare or social care professional needs to get a PCR test then the staff member should get a PCR test at the same time. This is to minimise delays for staff who volunteer to come back to work.

6. The policy would ordinarily only apply to those who are a ***passing close contact*** and not those who are a close contact of a case within their own household. A passing close contact can be described as a contact a staff member has encountered that is Covid positive but who is out-with their immediate household and who they don't have on-going exposure to. Only in exceptional circumstances where there is no resilience (e.g. in a highly specialised service), the local risk assessment may justify those with ongoing exposure being exempt.

7. For those staff who are willing to return to work to relieve service pressures, they may be supported to do so through the additional provision of FFP3 masks, where this assists with allaying concerns that the staff member might have. Please note however that there is no evidence that FFP3 masks provide additional source control protection (i.e. additional protection to the people whom the mask wearer is caring for or in contact with), as compared with fluid resistant surgical masks (FRSM).

8. 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 pursuant to a risk assessment and to assist with alleviating any overwhelming concern of the staff member in question. PPE should otherwise be worn in accordance with the relevant Scottish COVID 19 IPC addenda (for information Acute, Care Home and Community Health and Care settings).

9. The staff member would also be asked to ***minimise social contact out-with the work situation*** until 10 days after their most recent exposure to the Covid case.

Introduction

10. The policy to remove the need for fully vaccinated staff to self-isolate is a ***final workforce contingency*** at a very challenging time for health and care services across Scotland.

11. It is a policy which health and care services have asked the Scottish Government to consider as a lever to ease significant staff pressures. Individual staff members have also asked why they cannot return to work (when they are double vaccinated and with appropriate mitigation measures in place) to support colleagues.

12. It is not a policy for bringing all staff who are double vaccinated and self-isolating back to work. It is only to be used by health and care services who are already experiencing, or face a, major disruption to services with the potential for a major incident which poses a significant risk to the health, safety and well-being of patients, service users and staff.

13. This policy framework is being provided based on the best available scientific and clinical advice in relation to dealing with Covid-19. The framework may change and be updated as scientific advice develops

14. 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.

When and how is this policy to be applied?

15. As noted above, this variation to current isolation policy should only be applied 'in extremis' conditions when it is deemed there is already major disruption to services with the potential for a major incident.

16. What is deemed as major disruption to services will be different within and across settings but examples may include: redirecting patients from accident and emergency; cancelling of elective procedures; risk of shutting down entire services as they are deemed not safe to open; care at home unable to be met; care packages not able to be met for those medically fit for discharge.

17. Individual health and care services will already have plans and measures in place on how to deal with a major incident or a risk of a major disruption to services. It is recognised the vehicle for alerting and activating measures will differ depending on the service and also the local planning and business /resilience contingency.

18. It is also recognised that those who decide if the incident is 'in extremis' will vary but they are likely to be the following:

- Acute hospital based services – NHS Board Level[6];
- Community based NHS service – NHS Board Level[7];
- Special Boards (NHS 24, SAS, Golden Jubilee) – Individual Board;
- Primary care[8]/contracted services – Contractor Lead/Designated representative with Health Board support;
- Social Care Service (in-house, independent or third sector) – Health and Social Care Partnership with support from Local Oversight Teams.

[6] Board level by the Gold (Strategic) command (i.e execs / senior management team) or the Executive Director on Call on behalf of the Organisations Gold (Strategic) command.

[7] Board level by the Gold (Strategic) command (i.e execs / senior management team) or the Executive Director on Call on behalf of the Organisations Gold (Strategic) command.

[8] For General Practice, Health Boards were advised at the beginning of the pandemic to have a defined escalation strategy to encourage general practices to seek permission to suspend services so that Health Boards can coordinate an appropriate response and organise temporary re-provision if necessary. In light of this guidance Health Boards may wish to review and renew their strategy.

19. Local decision making and support will be vital to services which are already experiencing, or will face, major disruption to services.

When can a staff member be asked to consider returning to work?

20. Staff can only be asked to consider returning to work when:

- all normal business resilience measures (including mutual aid within and between services) to replace staff have been exhausted, and;
- following a full risk assessment there continues to be a significant risk to the safe provisions of essential services owing to staffing shortages which would have a serious and detrimental impact on patients, service users and staff.

21. A staff member who is a contact of a case can be asked to consider returning to work only on a ***voluntary*** basis, where a service has been formally assessed as being 'in extremis' and certain conditions are met. The conditions are outlined in section 4 "*recommendation"* in the SBAR,

22. Staff should be supported in making this decision and be given sufficient information in discussion with their line manager. A fact sheet has been developed which should be given to staff. This is included in ***Annex B***. A word document is also included so this can be printed off.

Risk Assessment

23. A checklist template that employers should use with employees is outlined in ***Annex C***. A word document is also included so this can be printed off.

24. There is also a checklist services may wish to use outlined in ***Annex D.*** A word document is also included so this can be printed off.

Governance / Monitoring

25. It is the immediate responsibility of those taking the decision (as outlined in para 14 above) to ensure that the policy is implemented appropriately and proportionately. This includes ensuring that all other business resilience measures have been taken. The decision makers also have responsibility to ensure the application of the policy is kept under review and scaled back/removed when there is no longer a threat of major disruption.

26. It is also the responsibility of those taking the decision to ensure that the PHS conditions are met and that staff are supported in making a decision on whether to return to work on a ***voluntary*** basis.

27. The Scottish Government will ask for regular updates from Health Boards and Health and Social Care Partnerships on how many services are using this policy. The Scottish Government will also continue to work closely and in collaboration with their stakeholders to assess how the policy is being implemented including the experience of staff in services.

28. Testing data is already monitored closely for both PCR and LFD and this will continue.

Annex A - PHS SBAR for self-isolation guidance following double vaccination

SBAR V5 FINAL– July 11th 2021

Self - isolation guidance following double vaccination
Health and Social Care workers

1. Situation

The large number of new COVID19 cases and associated self-isolation of close contacts is placing pressure on public, independent and third sector services. This issue has resulted in a number of boards experiencing critical problems with some acute services (having to cancel elective surgery) and with some social care services (care homes and care at home packages unable to be delivered) due to staff shortages as a result of isolation of contacts.

This guidance, for the Health and Social Care sector, offers NHS Boards and Health and Social Care Partnerships an approach to be taken in extremis under the conditions and governance as laid out in the SG framework in which fully vaccinated asymptomatic staff, in some settings and situations, are exempted from self-isolation when they are identified as close contacts. This guidance is founded in the application of a risk-management approach for certain health and social care settings and does not alter broader isolation guidance at this stage.

2. Background

The COVID-19 epidemiological picture now shows a transitional pandemic phase where the clinical and public health characteristics of SARS-CoV-2 infection have significantly changed over time, as a result of the ongoing population vaccination programme and the emergence of variants with greater transmissibility. Compared to earlier waves, the current wave is now characterised by ongoing significant transmissibility to unvaccinated (younger) populations and relatively sparing of older age groups who have largely received two doses of COVID vaccine. Consequent to this pattern of population vaccination protection, there has been an observed reduction in significant morbidity requiring hospitalisation and overall mortality linked to COVID-19 disease in older and susceptible populations.

Isolation after contact with a known positive COVID-19 case rightly continues to be recommended to reduce the risk of onward transmission. There is strong evidence that contacts of cases have higher positivity rates than the general population.

However there is an emerging issue in the Scottish Health and Social Care workforce that high community transmission rates are contributing to unmanageable pressure on these services. This issue arises where the requirements of close contact self-isolation are applied in a workforce that is well-vaccinated and adhering to Infection Prevention and Control protocols. Staff absence due to household caring for other members identified as contacts and over the summer period are also contributing to the staffing strains at the same time that elective activity is aiming to increase and COVID incidence is rising.

The recommendation below provides an agreed variation to the current policy position in Scotland and would be implemented at service level on a case-by-case basis whenever a staff member identifies themselves to their line manager as a close contact of an infected individual. Local NHS Boards will lead on which service areas to target in order to mitigate the potential harms deriving from staff absence in such settings during this transitional phase.

3. Assessment

Based on the emerging evidence-base, 2nd dose COVID-19 vaccine uptake rates for frontline NHS staff (excluding private contractors), care home residents, care home staff and the general population (18+ yrs old) are good at 90%, 94%, 100%, 67% respectively (at 19th July 2021)[9]. With the mounting evidence of effectiveness of current vaccines in terms of reduced transmission[10], symptomatic disease[11], hospital admission[12] and deaths[13], and some evidence of daily contact testing proving useful in sustaining key services[14], **Health and social care workers who are effectively double vaccinated and identified as asymptomatic, close contacts can continue to work with any residual risk being mitigated through PCR testing and daily LFD (up until day 10 following the day of last exposure).**

4. Recommendation

A health and social care workforce contact of a case can be exempt from isolation if the following criteria are met:

- the circumstances under which exemption would be justified, as outlined in the Scottish Government Framework, are applicable.
- the contact is fully vaccinated, defined as at least two weeks (14 days) post completion of a full course of MHRA, EMA or FDA approved vaccine at the point of exposure. Where records on immunisation are not as available, e.g. agency staff for care at home, reliance on staff to provide their vaccination status in the circumstances is reasonable.
- the contact is, and remains, asymptomatic
- the contact undertakes initial PCR testing and the result is negative.
- the contact has a negative LFD result prior to starting work each day up until day 10 following the day of the last exposure; all negative test results should be reported to the contact's line manager as well as logging them through the relevant reporting digital process. Any contact who has a positive LFD test during their follow up should self-isolate and arrange a PCR test.
- the contact does not work with immunocompromised patients (e.g. within oncology settings). Re-deployment to other clinical areas would be permitted.

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[9] COVID-19 Daily Dashboard | Tableau Public
[10] Effect of vaccination on transmission of COVID-19: an observational study in healthcare workers and their households **(preprint)**
[11] Effectiveness of COVID-19 vaccines against the B.1.617.2 variant | medRxiv
[12] Effectiveness of COVID-19 vaccines against hospital admission with the Delta variant - Public library - PHE national - Knowledge Hub (khub.net)
[13] PHE_Variants_of_Concern_VOC_Technical_Briefing_16.pdf
[14] Liverpool Covid-SMART Community Testing Pilot Evaluation Report, 17 June 2021

- the contact continues to adhered with the guidance contained within National Infection Prevention and Control Manual, Scottish COVID-19 Addenda specific to the social care setting
- for contacts in adult care homes this is the National Infection Prevention and Control Manual: Scottish COVID-19 Care Home Infection Prevention and Control Addendum and the following sections in particular
    - correct use of PPE
    - extended use of FRSM
    - Compliance with appropriate hand hygiene
    - Adherence with Car sharing advice

- for contacts in children's residential settings, care at home, supported accommodation settings, sheltered housing, respite and short stay services, and community based social care settings this is the National Infection Prevention and Control Manual: Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum and the following sections in particular
    - correct use of PPE
    - extended use of FRSM
    - Compliance with appropriate hand hygiene
    - Adherence with Car sharing advice

- contacts in all social care settings should also strictly adhere to the additional guidance on staff use of FRSMS in these settings
- there is no ongoing exposure to an infected case outside work (e.g. within the household). Only in exceptional circumstances where there is no resilience (e.g. highly specialised service), the local risk assessment may justify those with ongoing exposure being exempt.
- the health and social care worker agrees to minimise contacts out with the work situation until day 10 following the day of the last exposure

If any of the criteria above **are not** met, the member of staff should self-isolate for 10 days from last exposure to a case, as per current advice for self-isolation

Annex B – Fact sheet for staff

Implementation of isolation exemption

Implementation of isolation exemptions for health and social care staff
Staff fact sheet

What are the policy changes for health and social care staff?

Due to significant disruption in service there may be occasions where it is necessary to ask NHS and social care staff who have been identified as a close contact of someone who has tested positive for Covid-19 if they are willing to return to work within the self-isolation period in specific circumstances, and in line with Public Health Scotland guidance. In order to return to work certain requirements which are summarised below **must** be met:

- Staff participation in this policy is **voluntary** and staff must be given sufficient information in discussion with the responsible manager (add service specific contact(s)) to make an informed choice before agreeing to return to work;
- All other options for securing staff resource have been exhausted in line with local business continuity planning;
- An individual risk assessment/checklist to determine suitability to return to work is completed;
- Returning staff are not resident with the person who has tested positive for Covid-19;
- The staff member is fully vaccinated at least 2 weeks prior to returning to work and isare symptom free;
- The staff member has a PCR test performed and hasve a negative result prior to returning to work;
- The staff member performs a daily LFD test, records results and informs manager up to day 10 from covid exposure http://www.covidtestingportal.scot/;
- The staff member agrees to minimise social contact out-with work situations up to day 10 from covid exposure.
- 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 pursuant to a risk assessment and to assist with alleviating any overwhelming concern of the staff member in question.
- There is no evidence that FFP3 masks provide additional source control protection (i.e. additional protection to the people whom the mask wearer is caring for or in contact with), as compared with fluid resistant surgical masks (FRSM).

What is the evidence that supports the policy changes?

- PHS have undertaken a detailed review of the evidence and balance of risks to staff and those they care for and support and have concluded that where mitigations are in place staff can return to work with low risk.
- PHS advise that with the mitigations of double vaccination, no ongoing exposure to covid case, no symptoms, PCR and ongoing LFD testing in place, the risk is extremely small (bordering on negligible) and far outweighed by the risk to service users and the wellbeing of staff where there are severe and significant staff deficits.
- BMJ study of HCSWs and household contacts showed that vaccinationee was effective at preventing spread.[i]
- Vaccine studies have shown that vaccines are effective against the delta variant, particularly two weeks following completion of second vaccine.[ii] [iii]
- Lateral flow tests are effective at picking up delta variant. [iv]

What staff can expect from their employer

- That the staffing risk has been escalated to the most senior level and is such that there is a significant risk to the care and safety of service users and wellbeing of other staff.
- That all other business continuity contingency planning to manage major service disruption due to staff availability has been exhausted and decisions and actions recorded prior to enacting this policy.
- That staff who are requested to return to work are informed that it is **voluntary** and are provided with information to make an informed decision about returning and can discuss any concerns they may have.

- That an individual risk assessment/checklist completed in discussion with the staff member prior to staff returning. This should record vaccination status, PCR results, identifies that staff have no covid-19 symptoms and records provision of LFD testing kits.
- That staff are supported to record daily LFD results on the NSS portal. http://www.covidtestingportal.scot/;
- That returning staff are not deployed to where the risk of Covid related infection is particularly detrimental to patient/service user outcomes e.g. severely immunocompromised, elective surgery, social care service users with complex needs or who were in the shielding categories.

What employers should expect from staff

- That they should have read the fact sheet to familiarise themselves with the policy and are, having made an informed and **voluntary** decision, willing to return to work in response to significant service disruption.
- That they participate in completion of the risk assessment and discussion with manager prior to return to work.
- They undertake a PCR test (from local Health Board or through NHS Inform) and provide the result to their employer prior to returning to work Get a free PCR test to check if you have coronavirus (COVID-19) - GOV.UK (www.gov.uk).
- That they agree to perform daily LFD tests and inform employer of results up to 10 days from exposure (to the person who has tested positive to Covid-19).
- That they adhere to IPC procedures ensuring appropriate use of PPE at all times.
- That they refrain from work, inform manager and book a PCR test if symptoms develop or if a positive LFD result is obtained.
- Although mitigations of additional testing significantly reduces the risk of transmission it is not risk free and therefore staff should minimise the number of contacts out-with work situations and avoid crowded places and public transport as much as possible.

Annex C - Checklist template employer with employee

Implementation of isolation exemption

Checklist template - Employer with employee

Assumption is that there has already been Health Board or organisation/H&SCP/Local Authority/Independent, Third Sector Provider agreed requirement for contingency 'in extremis' in order to deliver safe services and all available options have been exhausted.

No	Individual risk assessment – Employer with employee		
	Statement	**Check**	**Mitigation**
1	*Is the employee double vaccinated (at least 14 days post 2nd vaccination and assurance)?*		*No – staff member should self-isolate for 10 days.* *Yes – move to Qu 2*
2	*Is their PCR/covid status known?*		***PCR negative*** • *Are they ~~are~~ consenting to return to work?* ***Yes*** *Qu.3* • ***No*** *– self-isolate for 10 days* ***PCR positive*** • *They self-isolate for 10 days.* ***Status unknown*** *–* • *Need to book PCR if consenting to return to work*
3	*Does the staff member have access to lateral flow devices and are they able to use them appropriately?*		***Yes*** *– Staff member should test daily using LFDs for 10 days after exposure to covid and report result to their line manager.* ***No*** *– Line manager should facilitate access to LFDs prior to return to work.*
4	*Has the staff member received the factsheet and had an informed discussion with their line manager/equivalent.*		*Ensure as part of informed consent that the staff member understands the conditions in which they return to work and to minimise contact out-with work.*

Annex D – Checklist for services/providers

Implementation of isolation exemption

Service/provider checklist
Individual services / service providers may wish to consider the following when undertaking risk assessment and identifying mitigating measures.

Considerations	Detail	Check
Has the appropriate escalation of risk taken place in accordance with business contingency planning and local governance arrangements?	• *Identified the service risk* • *Exhausted resilience contingency e.g. redeployment of staff, bank/agency, curtailment/cancellation/reduction of services* • *Mutual aid* • *Need to move to 'extremis' response*	
Are appropriate IPC and PPE measures in place?	• *Identification of any environmental risk using the Hierarchy of Control and appropriate risk mitigation as per Scottish COVID-19 IPC Addenda (acute and care home)* • *Compliance with PPE in accordance with the Scottish COVID-19 IPC Addenda (acute, community health and care settings and care homes)*	
Has the risk of exposure of the staff member on the managed return from isolation been assessed in relation to those patients/service users within the area the staff member is deployed?	*<u>High-risk setting</u>* • *Low risk pathway – managed patient pathways where risk of COVID related infection is detrimental to personal outcomes e.g. all elective procedures* • *Areas where there are large numbers of severely immunocompromised / frail people e.g. care home, oncology, transplant services or haematology*	

[i] Effect of vaccination on transmission of COVID-19: an observational study in healthcare workers and their households **(preprint)**
[ii] Effectiveness of COVID-19 vaccines against the B.1.617.2 variant | medRxiv
[iii] Effectiveness of COVID-19 vaccines against hospital admission with the Delta variant - Public library - PHE national - Knowledge Hub (khub.net)
[iv] Liverpool Covid-SMART Community Testing Pilot Evaluation Report, 17 June 2021