

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

Updated 17 December 2021

The Scottish Government  
Health Workforce Directorate



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

Dear Colleagues

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

We are writing to share an updated Policy Framework on the self-isolation exemption for health and social care staff that contains some substantive changes.

As of 10 December 2021, health and social care staff must be double vaccinated and have had a COVID/19 booster, at least 14 days from the last exposure to the case, to be eligible for the exemption. In line with a policy change for the general population, staff should continue to use LFD testing within 90 days of a positive PCR result. If the member of staff has a positive LFD result or has new symptoms, they should isolate and take a PCR test.

The updated Policy Framework also states that if a staff member declines daily LFD testing they should not return to work in a physical setting and instead should work from home during the 10 day isolation period. This applies even if the member of staff cannot fulfil their role from home.

It also clarifies that staff are advised that they should also follow the Scottish Government guidance on isolating after the initial close contact, when they are not at work or carrying out work related activities.

While evidence continues to emerge on the Omicron variant, there are clear signs of the following:

- 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 only offers limited protection from this variant.
- Receiving your booster dose of the vaccine is key to increasing your protection from Omicron.<sup>1</sup>

**DL (2021) 50**

**17 December 2021**

### 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.

### Enquiries to:

Scottish Government  
Directorate for Health Workforce  
St. Andrew's House  
Regent Road  
Edinburgh  
EH1 3DG

E-mail

[HWFDirectorateSupportUnit@gov.scot](mailto:HWFDirectorateSupportUnit@gov.scot)

<sup>1</sup> [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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Early identification of cases is even more important with the Omicron variant and as you are aware, we are strongly encouraging all health and care home staff to test daily.

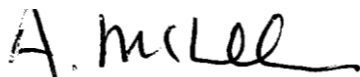
This Framework replaces the previous [Framework](#) for the implementation of the isolation exemption for Health and Social Care staff.

The full Policy Framework can be found in **Annex A** of this document. This includes full information on the updated self-isolation exemption eligibility criteria and a checklist template to be used by employers with staff.

Yours sincerely



Gillian Russell  
Director of Health Workforce



Professor Alex McMahon  
Interim Chief Nursing Officer



Professor Gregor Smith  
Chief Medical Officer

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## Annex A: Policy Framework

### Purpose & Introduction

1. This revised policy document sets out the conditions which will enable Health and Social Care staff who are COVID-19 close contacts to obtain an exemption allowing them to return to work. This applies to all Health and Social Care staff in any clinical and non-clinical NHS setting and any care setting, whether providing direct care or non-frontline. This policy is being implemented to provide a simple and consistent approach, which ensures parity with cross-sectoral guidance, whilst recognising that there need to be additional safeguards in place to protect those who use health and care services.

Partially (this includes individuals who have not had their booster dose) or unvaccinated Health and Social Care staff who are COVID-19 close contacts should not return to work for at least 10 days following exposure to the case.

2. Following clinical and public health advice, this document supersedes the [policy framework](#) published on the 27<sup>th</sup> August 2021 for staff who work in Health and Social Care Services.

### Isolation Exemption of Close Contacts and How to Return to Work

3. Health and Social Care staff are no longer eligible for self-isolation exemption under the same conditions as the general population. Health and Social Care staff who have been in close contact with a positive COVID-19 case are only eligible for exemption from self-isolation if they meet all of the following conditions:

- **Have been double-vaccinated and have received a COVID-19 booster vaccination at least 14 days from the last exposure to the case;**
- **Have had a negative PCR test where the test is taken as soon as possible after exposure;**
- **Are not currently self-isolating as a COVID/19 case;**
- **Do not have COVID-19 symptoms ([Coronavirus \(COVID-19\): General advice | NHS Inform](#));**

4. For the purposes of contact isolation exemption, people 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. [See NHS Inform for more information on COVID-19 vaccination status for clinical trial participants.](#)

If a staff member has tested positive by PCR for COVID-19 they should continue to LFD test within 90 days of a positive PCR result. We continue to advise that if a staff member has a positive LFD result or develops new symptoms, they should isolate and take a PCR test.

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5. Exemption from self-isolation applies even if there is ongoing exposure to the index case (the first identified case in a group of related cases of COVID-19), even if this is a household member.
6. Health and Social Care staff are advised to limit contact as part of the COVID mitigation advice issued to the general population for the 10 days after contact with the case.
7. If staff members are exempt from isolation under the conditions outlined in paragraph 3, they 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. This applies to all staff, even those who have tested positive by PCR for COVID-19 within 90 days.
  - If the index case is a contact of a household member, the daily LFD testing will begin from the date the household contact develops symptoms or the date of their positive test (LFD or PCR) if asymptomatic.
  - If the LFD is negative, they can return to work and continue with daily LFD testing as outlined above.
  - If their LFD test is positive then they should self-isolate and undertake a PCR test. If the PCR is positive they should continue to self-isolate for 10 days from the date of the positive LFD. If that PCR is negative, they can return to work and continue with the daily LFDs to the completion of the original 10 day period. These are complex risk assessments and support from Occupational Health or Public Health teams is available.
  - The staff member must record the results of the daily LFD <http://www.covidtestingportal.scot/> and inform their manager of the result.
  - 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.
  - Early identification of cases is even more important with the Omicron variant and we are strongly encouraging **all** health and care home staff to test daily
  - Staff members must, as always, 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 on Acute, Care Home and Community Health and Care Settings follow this link: [National Infection Prevention and Control Manual: Winter \(21/22\), Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum \(scot.nhs.uk\)](#))

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- Similar to those who have been vaccinated with approved vaccines, staff who are participating / have participated in a COVID-19 vaccine clinical trial should only be allowed to return to work following an individual risk assessment. Support for risk assessment may be provided by the local Occupational Health, IPC or Health Protection Team if required.
  - Staff are advised that they should also follow the Scottish Government guidance on isolating after the initial contact, when they are not at work or carrying out work related activities.
8. In an outbreak situation the local Health Protection Team can override exemptions from 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 ARHAI. [National Infection Prevention and Control Manual: Home \(scot.nhs.uk\)](https://www.scot.nhs.uk/nipic/)
  9. Where conditions cannot be fulfilled for exemption from self-isolation as a close contact (e.g. the staff member has not been double-vaccinated and or received a COVID-19 booster vaccination at least 14 days prior to being identified as a contact, they do not have a negative PCR result, they decline a PCR test, or 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-pyretic drugs).
  10. If a partially vaccinated or unvaccinated staff member is exempt from self-isolation under national guidelines for the general population (e.g. they are under the age of 18 years and 4 months or they cannot be vaccinated for medical reasons) they must **not** return to work in a health and social care setting during their ten day isolation period.

## **Additional guidance for staff returning to work during a period of contact isolation exemption**

11. When eligible under this policy and during a period of contact isolation exemption, the staff member **should not** work with high clinical risk patients / service users. The highest 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.
12. If a staff member declines daily LFD testing they should not return to work in a physical setting and instead should work from home during the 10 day isolation period. This applies even if the member of staff cannot fulfil their role from home.
13. In accordance with the [Extended Use of Face Mask guidance](#), fluid resistant surgical masks (FRSMs) are required to be worn by staff 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 asymptotically.

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14. 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 each 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.
15. 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 not be used without a risk assessment and only to assist with alleviating any overwhelming concern on the part of the staff member in question.

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

16. This policy will be applied when staff members are identified as a close contact of someone who is COVID-19 positive.
17. The policy will apply to all contacts, whether a member of staff is identified as a non-household contact or a contact of someone within their immediate household.
18. Staff will be expected to return to work if asked to do so.
19. 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.
20. 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.
21. 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.
22. A checklist template that employers can use with employees is outlined in **Annex B**.

## **Governance / Monitoring**

23. 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 uptake of this locally through health and safety and occupational health.

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**Annex B - Checklist template employer with employee**

<b>Individual checklist – Employer with employee</b>			
<b>No</b>	<b>Statement</b>	<b>Check</b>	<b>Mitigation</b>
1a	Has the employee received their 1st, 2nd and booster dose of the vaccine (at least 14 days post booster vaccination) with Day 1 being day of booster vaccination?		No – staff member should self-isolate for 10 days.  Yes – move to Qu 1b
1b	Did the employee participate in a Covid-19 vaccine clinical trial?		Yes – an individual risk assessment must be undertaken but the member of staff can still return to work. Move to Qu 2.  No – Move to Qu 2.
2	Is their PCR/covid status known.  PCR test must be taken after being identified as a close contact.		<b>PCR negative</b> <ul style="list-style-type: none"> <li>• Yes Qu.3</li> </ul> <b>PCR positive</b> <ul style="list-style-type: none"> <li>• They self-isolate for 10 days.</li> </ul> <b>Status unknown –</b> <ul style="list-style-type: none"> <li>• Need to book PCR.</li> </ul> <b>PCR Test declined.</b> <ul style="list-style-type: none"> <li>• They self-isolate for 10 days</li> </ul> <b>PCR exemption (PCR positive last 90 days)</b> <ul style="list-style-type: none"> <li>• If a staff member has had a positive PCR result in the previous 90 days, then they should undertake an LFD test prior to returning to work.</li> <li>• If the LFD is negative, they can return to work and continue with daily LFD testing as outlined above.</li> <li>• If their LFD test is positive then they should self-isolate and undertake a PCR test. If the PCR is positive they should continue to self-isolate for 10 days from the date of the positive LFD. If it is negative, they can return to work.</li> </ul>



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<p>3</p>	<p>Does the staff member have access to lateral flow devices and are they able to use them appropriately?</p>	<p><b>Yes</b> – Staff member should test daily using LFDs for 10 days after exposure to COVID-19 / 10 days from symptom onset / asymptomatic PCR positive if the index is a household contact, log result and report result to their line manager.</p> <p><a href="http://www.covidtestingportal.scot/">http://www.covidtestingportal.scot/;</a></p> <p><b>No</b> – Line manager should facilitate access to LFDs prior to return to work.</p> <p><b><u>Mitigations are met</u></b> (Double-vaccinated and have received a COVID-19 booster vaccination at least 14 days prior to being identified as a contact, 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 who are not vaccinated. Staff can be asked to return to work with low risk clinical groups.</p> <p><b><u>Staff decline daily LFD testing</u></b> - if staff decline daily LFD testing then they should not return to work on a physical site.</p>
<p>4</p>	<p>Has the staff member had an informed discussion with their line manager/equivalent.</p>	<p>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.</p> <p>If the staff member declines daily LFD testing that they should not return to work at a physical site.</p> <p>If the staff member develops symptoms after returning to work they must self-isolate and undertake a PCR test.</p> <p>If one of the daily LFD tests is positive they must self-isolate and undertake a PCR test.</p>