

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

Updated 6th January 2022

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The Scottish Government

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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.

From the 6 January 2022 (today), as announced by the First Minister(5 January 2022), the following applies to the general population:

- All index (positive) cases, can exit self-isolation on day 7 regardless of vaccination status, if they have a negative LFD on day 6 and day 7 (taken 24 hours apart) and do not have a fever (48 hours)
- Fully vaccinated (two doses and booster dose 14 days prior) contacts (both household and non-household) will be asked to undertake daily LFD tests for seven days and if the LFD tests are negative will not have to isolate
- 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.

As health and social care workers continue to provide health, care and support to individuals whom are often more vulnerable and of higher risk of COVID-19 infection, there will continue to be additional safeguards in place for these settings. This letter details the changes to self-isolation policy for health and social care workers and the safe guards in place to enable them to return to work. 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.

We would like to continue to remind the sector that it is critical that staff receive their vaccines and booster due to the following with Omicron:

- It has increased transmissibility compared to previous variants that have emerged.



Scottish Government
Riaghaltas na h-Alba
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6th 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
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COSLA
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Scotland (CCPS)
All Health and Social Care Staff

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- Having your 1st and 2nd 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.¹

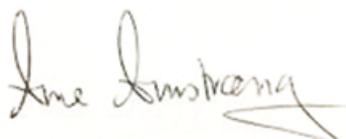
Early identification of cases is even more important with the Omicron variant and as you are aware, we are strongly encouraging all health staff to undertake a Lateral Flow Device (LFD) test daily and all social care staff to undertake a LFD test each working day.

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

Yours sincerely



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For all adult social care queries

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

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Annex A: Policy Framework

1. Purpose & Introduction

- a. This revised policy document sets out the conditions which will enable Health and Social Care staff who 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.
- 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 whom have tested positive for COVID-19)

- a) This will apply to Health and Social Care staff who test positive (regardless of vaccination status) 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. The LFD positive test should be treated as a confirmed positive case of COVID-19.
- b) All staff, should take a PCR test if they have [symptoms of COVID-19](#), and have not received a positive LFD test. If a member of staff has symptoms and has tested positive on LFD 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 negative LFD tests taken 24 hours apart (day 6 and day 7), and do not have a fever for 48 hours (a temperature of 38 degrees or above). For clarity if a staff member tests positive on day 6 but negative on day 7 and 8 they can return to work from day 8.
- d) In addition to two negative LFD tests prior to returning to work, Health and Social Care workers should continue with their standard work place testing regime, which is to undertake daily LFD tests prior to work on working days. Staff are reminded to record results (positive, negative and void) on the portal [Welcome - COVID Testing Portal \(service-now.com\)](#).
- e) In the event a member of staff tests LFD positive after day 10 they should stay off work and continue to take daily LFD tests until they have one negative test. If this situation of testing LFD positive prolongs then a risk assessment by the Local Health Protection Team can be undertaken.
- f) 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, whom are 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.
- g) Staff should not return to work in the following circumstances:
 - They have not had two negative LFD tests taken 24 hours apart

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- They have or have had a fever (a temperature of 38 degrees or above) within the previous 48 hours.
- They decline to take daily LFD tests for the remainder of the 10 day period. In this circumstance they should not return to work in a physical setting and instead if feasible work from home until day 10.

3. Fully vaccinated contacts

- a) This applies to all Health and Social Care staff whom are identified as a contact (both household and non-household) of a positive COVID-19 case and are fully vaccinated (double vaccinated and have received booster doses 14 days prior to last exposure of case).
- b) If a staff member is a contact of a case, they should undertake a PCR test, as soon as possible, upon finding out they are a contact. They should not attend health or social care settings for work while awaiting the results of the PCR test.
- c) If the PCR test is negative they will not have to self-isolate and will be able to return to work within these settings. However as an additional safeguard, they will also need to take daily LFD tests for the remainder of the 10 day period. 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 point 2 of this guidance. Staff are reminded to record results (positive and negative) on the portal [Welcome - COVID Testing Portal \(service-now.com\)](https://www.service-now.com/welcome-covid-testing-portal)
- d) After the 10 day period staff should continue to take an LFD test prior to each working day as per their workplace testing regime.
- e) This is the current policy position with Health and Social Care Staff and this will continue to be in place. To summarise, staff can return to work where the following conditions are met:
 - They have been double-vaccinated and have received a COVID-19 booster vaccination at least 14 days prior to the last exposure to the case;
 - They have had a negative PCR test where the test is taken as soon as possible after exposure;
 - They have negative LFD tests on a daily basis;
 - They are not currently self-isolating as a COVID-19 case or under international travel regulations;
 - They do not have COVID-19 symptoms ([Coronavirus \(COVID-19\): General advice | NHS inform](https://www.nhs.uk/inform));
- f) If a staff member has previously tested positive by PCR for COVID-19 they should continue to LFD test. The previous requirement of not having to LFD test within 90 days of a positive test no longer applies. If a staff member tests positive on LFD or develops symptoms they should follow guidance for an index case as detailed in paragraph 2.

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- g) 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.](#)

4. Unvaccinated Contacts

- a) This applies to all Health and Social Care staff whom are identified as a contact (both household and non-household) of a positive COVID-19 case and are not fully vaccinated (meaning they have not received all three vaccination doses of).
- b) If a staff member is a contact of a case, they should undertake a PCR test, as soon as possible, upon finding out they are a contact. If they are not fully vaccinated 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) If a member of staff develops symptoms or tests LFD positive during their 10 day isolation period they should follow guidance for index cases as detailed in paragraph 2 of this guidance.
- d) After the self-isolation period staff should continue with their workplace testing regime which includes taking an LFD each working day prior to attending work.

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

- e) 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). 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.](#)
- f) 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 ARHA. [National Infection Prevention and Control Manual: Home \(scot.nhs.uk\)](#)

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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) and when they are contacts of Covid positive cases.
- 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) 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.
- 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.