

**From the Chief Medical Officer
Prof Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

www.health-ni.gov.uk

HSS(MD)2/2022

FOR ACTION

Chief Executives, Public Health Agency/Health and Social
Care Board/HSC Trusts/ NIAS

GP Medical Advisers, Health & Social Care Board
All General Practitioners and GP Locums (*for onward
distribution to practice staff*)

OOHs Medical Managers (*for onward distribution to staff*)
RQIA (*for onward circulation to all independent sector
health and social care providers*)

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Our Ref: HSS(MD)2/2022

Date: 21 January 2022

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

**MANAGEMENT OF HEALTH AND SOCIAL CARE STAFF WHO ARE
CONFIRMED CASES OF COVID-19 - UPDATED GUIDANCE**

The purpose of this letter is to provide updated operational guidance in the light of further changes to the general population isolation guidance for those who are cases. This letter updates guidance provided in HSS(MD)91/2021 <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-91-2021.pdf> and HSS(MD)01/2022 <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-01-2022.pdf>.

In line with the announcement of changes to the self-isolation guidance for those who have received a positive COVID-19 test result, health and social care staff who test positive will be able to leave self-isolation and return to work, if they test negative on days 5 and 6 after the date that symptoms started or the date of their initial positive test, whichever is the sooner.

This means if a staff member tests negative on the morning of day 6 and was also negative 24 hours earlier, they can return to work on day 6 provided they meet the following requirements:

- They do not have a temperature and are medically fit.
- The staff member should continue to undertake daily LFTs until day 14.

- If any of these LFD test results are positive the staff member should isolate and should wait 24 hours before taking the next LFD test.
- On days the staff member is working, the LFD test should be taken prior to beginning their shift, as close as possible to the start time.
- The staff member must continue to comply with all relevant infection control precautions throughout the day.
- If the staff member works with the most clinically vulnerable patients or clients (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment of the returning staff member for the remainder of the original 10 day isolation period.
- If the staff member following return to work has a positive LFT result between day 6 and 10 they must isolate and should not attend work.
- The likelihood of a positive LFT in the absence of symptoms after 10 days is low.
- Staff members who test positive at day 10 should take a daily lateral flow test on days 11 – 14 until they get a single negative result. After day 10 they can return to work immediately following a single negative result.
- The likelihood of a person who is well, being infectious after 14 days is considerably lower. If the staff member's LFT test result is still positive on the 14th day, they can stop testing and return to work on day 15. If the staff member works with patients or residents who are especially vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken.

Guidance for staff working in low risk areas

It is recognised that many staff, whose attendance at the workplace is critical to the delivery of services, work in areas where the risk of nosocomial infections is extremely low. In these situations, and during the current phase of the pandemic, the organisation may risk assess and choose to apply the general population isolation guidance for cases with the added safeguard that the individual is asymptomatic and complies carefully with the required IPC practices for their area of work.

The general population guidance can be accessed at the following link:
[Coronavirus \(COVID-19\): self-isolating and close contacts | nidirect](#)

There is no change to isolation or testing of staff who are close contacts of someone confirmed COVID-19 positive.

I am very aware that there have been multiple changes to COVID guidance in recent weeks. While these are necessary to take account of the current phase of the pandemic, I appreciate that keeping up with these changes adds an additional pressure to those working in health and social care. I want to acknowledge the work

undertaken by staff across the service to ensure we continue to provide our services to our patient and clients while keeping them safe.

While the number of cases seen during this Omicron wave has been unprecedented, the large number of cases has not translated into the level of pressures on health services seen in previous waves. This is due in no small part to the efforts of colleagues across the service, in particular efforts made to accelerate the booster programme. However, we expect to see sustained pressure across services for the next 4-6 weeks. To support colleagues and to protect our patients and services, Trusts are asked to continue to ensure that:

- Vaccination is promoted throughout the organisation alongside opportunities to avail of the vaccine.
- 1:1 conversations continue with any member of staff or student who has not been vaccinated, to understand and address their questions and concerns.
- As previously communicated robust local monitoring processes continue to be in place for regular testing of staff and students using LFD or where available LAMP testing, with Board level monitoring, reporting and assurance of uptake of regular testing. Staff (even if vaccinated) continue to carry out this regular asymptomatic (twice weekly) LFD or where available, LAMP testing, and report results so that COVID-19 cases can be identified and isolated early to help keep staff and patients safe.
- Staff report the LFD results of their twice weekly asymptomatic tests whether positive or negative at <https://www.gov.uk/report-covid19-result>

In addition to vaccination and regular systematic patient and staff testing, the consistent application of infection prevention and control (IPC) measures and the hierarchy of controls remains the most effective defence against the entry and spread of COVID-19 in healthcare settings. Trusts should ensure that staff are offered ongoing training and support to help them apply the required IPC and Public Health measures appropriately in all relevant settings. The most update to date guidance on IPC measures can be found at:

[Infection prevention and control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/infection-prevention-and-control-for-seasonal-respiratory-infections-in-health-and-care-settings-including-sars-cov-2-for-winter-2021-to-2022)

Thank you very much for your continued support in managing and mitigating the COVID-19 pandemic.

Yours sincerely



PROF SIR MICHAEL McBRIDE
Chief Medical Officer

