

Official

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To:

- ICS and STP leads
- All CCG Accountable Officers
- All NHS Foundation Trust and Trust Chief Executives, Medical Directors, Chief Nursing Officers and Chief People Officers/HR Directors
- All PCNs and all GP practices
- All Community Pharmacy
- All NHS primary care dental contract holders
- All Primary Care Optometrists and Dispensing Opticians
- All Pathology Incident Directors

Copy to:

- Chairs of ICS and STPs
- All CCG Chairs
- Chairs of NHS trusts and foundation trusts
- All Local Authority Chief Executives
- NHS Regional Directors
- NHS Regional Directors of Commissioning

19 July 2021

Dear colleague

Staff isolation: approach following updated government guidance

Guidance for allowing essential frontline staff to return to work following a negative PCR if they have been asked to isolate due to potential contact with COVID-19

[The government has announced](#) that as of today, Public Health England will update their guidance on self-isolation for health and care staff. It sets out that if there is a risk that staff absence would lead to potential patient harm then staff who are fully vaccinated (14 days post second dose) may be brought back to work ahead of the self-isolation period following the completion of a local risk assessment.

This is on the basis that the following safeguards are implemented: an immediate negative PCR test prior to returning to work, provision of subsequent negative daily LFD tests for a minimum of 7 days (with test results reported to Test and Trace via the web portal and to their duty manager or an identified senior staff member), appropriate use of IPC measures, including social distancing in the workplace when not undertaking clinical work and the use of PPE in line with the current UK IPC Guidance. Employers should take all reasonable steps to ensure the vaccine status of the employee and compliance with these safeguards. Staff should access testing through normal mechanisms.

It is important to note that any staff who are able to return to work following these risk assessments must adhere to legal isolation requirements at all other times i.e. when not at or travelling to work.

To help with local decision-making processes and support appropriate flexibility we suggest that the local risk assessment takes account of the following considerations:

- The balance of risk between staff absence and the potential impact on patient safety – this needs to consider the risk to patients as a consequence of staff shortages versus risk associated with exposure to potential nosocomial or other transmission, which can affect patients and staff which could exacerbate staff shortages.
- Cases where the contact was a member of the staff member's household should not be eligible for this process. Across the NHS, the risk assessment process should involve (as appropriate) the organisation's medical and nursing leadership, local DIPC and local Director of Public Health (DPH) with each local organisation deciding on the most appropriate level of senior approval required for individual cases.
- In small primary care organisations, the risk assessment process should involve the senior clinical leadership, commissioner and local DPH.
- Staff who would normally care for highly vulnerable patients such as those who are immunocompromised could be re-deployed to another area, and staff may need to be deployed outside of designated green areas.
- In primary care it would apply where the immediate or system-wide impact of absence could lead to adverse patient outcomes judged to outweigh the risk of potential exposure to COVID-19.

We are clear that the aim is to support organisations to reduce the pressure we know is being experienced. However, this flexibility should not be seen as a means to bring back all staff that are absent. These guidelines give employers the 'right to allow' not to 'compel' staff to return to work. Local organisations will need to determine how to record and govern decision making to ensure appropriate application.

We recognise how hard everyone is working and that there is exceptional pressure once more in the system. We believe that the changes and processes outlined should be helpful. Where staff can work from home or care can be delivered online or by phone this should continue to be the preferred option.

These guidelines will be kept under review as the arrangements for self-isolation change over the coming months. Please see the Public Health England website for the latest guidance at any point.

Yours sincerely



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Chief Nursing Officer, England



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