

Guidance for Line Managers to Risk Assess staff to attend the workplace if identified as a close contact of a COVID-19 positive case

This guidance has now been amended to include asymptomatic staff who live in the same household as the person who has COVID-19 symptoms or has tested positive for COVID-19 to return to work.

This guidance applies to staff working with the following two groups of patient/service users (Appendix 1)

1. Workers in close contact with patients/service users
2. Workers in close contact with patients/service users who are immunosuppressed and or Clinically Vulnerable. (see Appendix 2)

Contact Guidance

When a patient/service user facing health and social care worker has been identified as a close contact or a member of a household has tested positive or is symptomatic

- Before the worker attends the workplace, the employer should ensure:
- The staff member is asymptomatic – symptomatic individuals must self-isolate in line with general guidance.
- The staff member who has been identified as a contact, books a PCR test as soon as possible and receives a negative result before returning to work.
- The staff member has not received a positive COVID-19 PCR test result within the previous 90 days.
- The staff member is fully vaccinated. This means they received their second vaccination (MHRA, EMA or FDA approved) at least 14 days before the point of exposure. Vaccination status should be verified via the Welsh Immunisation System (WIS) but local judgements may be made as to use of staff evidence of vaccination where necessary – unvaccinated staff must self-isolate in line with general guidance.
- The staff member agrees to the testing scheme as set out below.
- If the staff member does not agree to the scheme of testing, they should either be redeployed to a non-patient/service user facing role or instructed not to attend work.

The employee:

- Should notify their employer as soon as they are aware that they are a confirmed contact or a household member has symptoms/tested positive.
- Should book a PCR test as soon as possible.
- Once a PCR result is known, follow the testing scheme.



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Staff Contact Checklist to be completed by Line Manager

<p>1. Does the staff member have COVID-19 symptoms?</p> <p>Symptoms:</p> <ul style="list-style-type: none">• A high temperature• A new, continuous cough• A loss, or change to sense of taste or smell• Winter cold symptoms, including sore throat, runny nose, headache• Flu-like symptoms, including myalgia (muscle ache or pain); excessive tiredness; persistent headache; runny nose or blocked nose; persistent sneezing; sore throat and/or hoarseness, shortness of breath or wheezing; nausea; vomiting; or diarrhoea	<p>Yes – self-isolate and book PCR test</p> <p>No – move to Q2.</p>
<p>2. Is the employee fully vaccinated (at least 14 days post 2nd vaccination and evidence provided)?</p>	<p>No – staff member should self-isolate for 7 days</p> <p>Yes – move to Q3,</p>
<p>3. Is their PCR status known?</p>	<p>PCR Positive - staff member should self-isolate for 7 days and take an LFT on days 6 and 7 (24 hours apart)</p> <p>Status Unknown – the staff member will need to take a PCR test on the first day they are identified as a contact, or the first day someone in their household had COVID-19 symptoms, or as soon as possible thereafter and receive a negative result before they come into work.</p> <p>PCR Negative – move to Q5.</p>
<p>4. Has the employee previously tested positive for COVID-19 using a PCR test within the last 90 days?</p>	<p>Yes - the staff member must take an LFT test rather than a PCR test. on the first day they are identified as a contact, or the first day someone in their household had COVID-19 symptoms, or as soon as possible thereafter They must self-isolate and receive a negative result before they come into work, subject to their line manager undertaking the relevant risk assessments to determine how they should be managed in terms of test monitoring or continuing to work. – Move to Q5</p> <p>No – move to Q5.</p>
<p>5. Does the staff member know where to access lateral flow devices and are able to use them appropriately?</p>	<p>Yes – take a LFT test each day until the day 7 after last contact with the positive case and receive a negative result before attending work and report result to their line manager and online Report a COVID-19 rapid lateral flow test result - GOV.UK (www.gov.uk). – move to Q6.</p> <p>No- Line manager should facilitate access to LFDs</p>

		prior to return to work – move to Q7.
6.	Is the staff member working with patients / service users in either of the two groups outlined in the guidance? (See Appendix 1)	No – they can continue to work but should undertake LFTs for 7 days Yes – action should be taken as outlined in the guidance - move to Q7.
7.	Is the staff member working with patients/service users who are <u>not</u> immunosuppressed or clinically vulnerable?	Yes – can return to work and but required to undertake daily LFD tests
8.	Is the staff member working with patients/service users who are immunosuppressed or clinically vulnerable? (See Appendix 2)	Yes – will need to be redeployed and will be required to undertake daily LFD tests

This guidance applies to staff working with the following patients/service users (Appendix 1)

1. **Workers in close contact with patients/service users** - where the staff member is providing care, support or treatment which means they are unable to maintain a social distance. This may be the administration of medical treatment, provision of personal care, supporting the individual to promote their independence or other interventions bringing staff into close contact with the patient/ service user. Staff must agree to the specified testing process to continue to work with patients/service users. If they do not agree they should be redeployed or not attend work.
2. **Workers in close contact with patients/service users who are immunosuppressed and/or clinically extremely vulnerable (see Appendix 2)** - for example patients in oncology or transplant services. Staff should not continue to work with these patients/service users. Staff should be redeployed to work with patients/service users who are not immunosuppressed and/or clinically extremely vulnerable and agree to the testing process or required not to attend work.

If neither of the scenarios above apply, there are no specific requirements arising from this guidance on these workers.

The guidance doesn't apply to non-clinical staff (staff who work entirely within a non-clinical environment). Non-clinical staff should follow the national guidance around self-isolation as found on: <https://gov.wales/self-isolation>

Clinically Vulnerable Patients (Appendix 2)

- People who are receiving, or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and the immune status of the patient)
- People with specific cancers:
 - those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
 - those with acute and chronic leukaemias and lymphoma (including Hodgkin's lymphoma)
 - those with chronic lymphoproliferative disorders including haematological malignancies

such as indolent lymphoma, chronic lymphoid leukaemia, myeloma and other plasma cell dyscrasias

- those who are having immunotherapy or other continuing antibody treatments for cancer
 - those who are having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - those who have received an allogenic (cells from a donor) stem cell transplant in the past 24 months and only then if they are demonstrated not to have ongoing immunosuppression or graft versus host disease (GVHD)
 - those who have received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months and only then if they are in remission
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD) defined as:
 - **COPD severity** is defined using % FEV1 and severe is $\leq 50\%$ with obstructive spirometry (FEV1:FVC of < 0.70) under ongoing secondary care with failed first line therapy; frequent exacerbations (every 8 weeks) necessitating either GP consultation or ED attendance with hospitalisation (especially to ICU) and chronic morbidity (due to the condition)
 - **Severe asthma** for which control is not achieved despite the highest level of recommended treatment or asthma which is controlled only with the highest level of recommended treatment
 - People with severe single organ disease (e.g. Liver, Cardio, Renal, Neurological) defined as:
 - ↳ Clinically extremely vulnerable liver disease patients include the following:
 1. Any patient with liver cirrhosis and decompensation or complication as defined by the presence or recent history (within 12 months) of ascites, hepatic encephalopathy, hepatocellular carcinoma, variceal bleed or fluid retention
 2. Patients who are actively on the liver transplant waiting list or who have received a liver transplant.
 3. Patients with chronic liver disease who are on immunosuppressant's
 - People receiving dialysis (haemodialysis, peritoneal dialysis) patients
 - People patients in CKD 5 (eGFR $< 15\text{ml/min}$) even if not yet on dialysis
 - People immunosuppressed for other illness e.g. lupus nephritis.
 - People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).
 - Adults with Down's syndrome
 - Pregnant women with significant heart disease, congenital or acquired.
 - People with severe immunosuppression due to HIV/AIDS
 - People with cellular immune deficiencies (such as severe combined immunodeficiency, Wiskott-Aldrich syndrome, 22q11 deficiency/DiGeorge syndrome).
 - People who are receiving or have received in the past 12 months immunosuppressive biological

therapy (such as monoclonal antibodies), unless otherwise directed by a specialist

- People who are receiving or have received in the past 3 months immunosuppressive therapy including:
 - adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/kg/day in children under 20kg) for more than 1 week
 - adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
 - adults on non-biological oral immune modulating drugs, for example, methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day
 - children on high doses of non-biological oral immune modulating drugs.

Testing Scheme Requirements (Appendix 3)

To provide an additional level of safeguarding to vulnerable patients and service users, the staff member must agree to undertake a specific testing scheme in place of the usual testing arrangements for the individual's job role.

- The staff member will take a PCR test on the first day they are identified as a contact, or the first day someone in their household had COVID-19 symptoms, or as soon as possible thereafter and receive a negative result before they come into work.
- If a staff member has had a positive COVID-19 PCR test result within the previous 90 days, a local decision/risk assessment will be needed to determine the management of the staff member in terms of test monitoring or continuing to work. As part of the local decision/risk assessment, the line manager will need to confirm that the staff member:
 - has definitely had PCR test confirmed COVID in the last 90 days and;
 - that they have fully recovered, are asymptomatic and completed any isolation period.
 - the staff member must take an LFD test rather than a PCR test. on the first day they are identified as a contact, or the first day someone in their household had COVID-19 symptoms, or as soon as possible thereafter They must self-isolate and receive a negative result before they come into work, subject to their line manager undertaking the relevant risk assessments to determine how they should be managed in terms of test monitoring or continuing to work
- Following a negative PCR test, the staff member must take a LFT every day up to day 7 from initial exposure with the confirmed case and have a negative result.
- All results should be logged and reported appropriately: [Report a COVID-19 rapid lateral flow test result - GOV.UK](#)
- If a LFD test is positive they must self-isolate and arrange a PCR test within 24 hours.
- If symptoms develop during the 7 days, staff must immediately self-isolate and follow the usual procedure.
- After 7 days has passed staff should return to the regular asymptomatic testing guidance and use LFTs on the days they attend work.