

## **Q&A on self-isolation exemption for adult social care staff**

### **Is this exemption safe – does it not risk patient safety?**

This approach will only be used where staff absence creates a significant risk to the health or safety of service users and for staff whose activities are critical to the ongoing provision of care– as determined through an individual risk assessment. Staff will be required to take significant additional precautions, including an initial PCR test and daily LFD tests, to manage any increased risk. It will also only be available to those who are fully vaccinated (defined as having received both doses of an MHRA approved vaccination, with 14 days having elapsed since the final dose) and therefore at lower risk of becoming infectious.

### **Can the ICF be used to provide transport for staff? Has there been communication with local authorities about using discretionary funding for this?**

Guidance is already clear that local authority discretionary funding can be used to limit public transport use by staff. This will apply when contact traced staff are working in these exceptional circumstances.

### **Why are you bringing in special rules for health and social care workers ahead of the change for other fully vaccinated contacts on 16 August?**

This measure aims to manage the pressure on NHS and social care services. It will only apply in very specific and limited circumstances, unlike the exemption that will be introduced from 16 August. It is also not a complete exemption from self-isolation and will only allow the individual to go to work. They will need to self-isolate at all other times.

### **Will this apply to those who are ‘pinged’ by the app as well as notified they are a contact by NHS Test and Trace?**

Yes, this process could be used whether the individual is notified they are a contact either through the app or by NHS Test and Trace.

Where an individual has been instructed to self-isolate by NHS Test and Trace, it is ultimately for those enforcing the duty to determine what is or is not a “reasonable excuse”. However, we firmly expect that if an individual leaves self-isolation under the terms set out in this policy, they will legitimately be able to claim that they have a reasonable excuse.

### **Will this also apply to those who have tested positive?**

No, under no circumstances should anyone who is Covid-positive attend work. Only staff who are a contact of someone with Covid19 and are fully vaccinated are eligible, and only where an individual risk assessment has determined that there is a risk of harm to residents or service users if that staff member does not attend work.

### **What should care home managers take into consideration when carrying out risk assessments?**

- The vaccine status of the staff member. This measure is only available to staff who are fully vaccinated.

- That the staff member has followed all testing requirements.
- The likely harm caused to residents or service users if the staff member does not return to work.
- The level of contact between the member of staff and residents or service users.
- Consent from the staff member. The member of staff who is isolating should not be required to attend work if they wish to continue with their self-isolation.

### **What steps should the affected staff member take when using this exemption?**

- The staff member would have to self-isolate until they have a negative PCR test result.
- The staff member would take daily LFD tests, report the results daily to the NHS Test and Trace via the web portal and their line manager and self-isolate immediately if they test positive.
- The staff member would have to self-isolate if they show any Covid-19 symptoms, no matter how mild and get a new PCR test. They would then need to self-isolate and could only go to work if the new PCR test was negative.
- Staff members should only attend work after confirmation of a negative PCR test and daily negative LFD antigen tests.
- The staff member would only leave self-isolation to attend - and travel to and from – work for specific, named purposes.
- The staff member could, if strictly necessary, travel on public transport or with others to and from work but would have to wear a face covering at all times.
- Close contact should be limited wherever possible. Face coverings should be worn at all times.
- The staff member would be advised to avoid breaks/meals with other staff and other social contact in enclosed spaces with other staff.

### **Can a provider insist a member of staff attend work and take disciplinary action if they refuse?**

These guidelines give employers the 'right to allow' not to 'compel' staff to return to work. This means that staff should continue to be paid if they choose to continue with their self-isolation.

### **How will these tests be made available to home care staff, who do not currently have LFD testing as part of their testing requirement, so they can comply with new guidance?**

If unavailable to request from employers, LFD tests are available to order free from gov.uk ([Order coronavirus \(COVID-19\) rapid lateral flow tests - GOV.UK \(www.gov.uk\)](https://www.gov.uk/order-coronavirus-covid-19-rapid-lateral-flow-tests)), collect from a pharmacy (in England only), from a community centre, such as a library, or get a test at a site.

### **Who can advise care providers on the decision-making process?**

For adult social care settings, it is important that all the conditions of this policy are explicitly met and a risk assessment has been carried out before escalating. This includes understanding the nature of vaccination status, criticality of the role, ability to comply with testing and confirmation that all required testing is indeed happening (including registration

of negative results). At all times, individual care providers remain responsible for assessing all health and safety implications of permitting the individual to attend work.

In many areas locally agreed multi-agency arrangements are being discussed and put into place, both to oversee implementation of this policy and to agree contingency plans to deal with staff shortages locally. Care providers should make contact with Directors of Public Health, Health Protection Teams (HPTs), local authority commissioners or CCGs to request information about these arrangements. Registered managers need to make clear, documented decisions in line with all the available information as this will form the basis of agreement.