Classification: Official

Publication approval reference: C1543



To: • ICS leads

- All CCG accountable officers
- NHS trusts and foundation trusts:
 - chief executives
 - medical directors
 - chief nursing officers
 - chief people officers
 - HR directors
- All PCNs and GP practices
- All community pharmacy
- All NHS primary care dental contract holders
- All primary care optometrists and dispensing opticians
- All pathology incident directors

cc. • Chairs of ICSs

- All CCG chairs
- Chairs of NHS trusts and foundation trusts
- All local authority chief executives
- NHS regional directors
- NHS regional directors of commissioning

Dear Colleagues,

Updated UK Health Security Agency (UKHSA) guidance - isolation

We are writing to provide you with an update in the light of further changes for the general population announced by the UKHSA on isolation, and the implications for the NHS.

Self isolation for NHS staff

In line with the announcement of changes to the self-isolation guidance for those who have received a positive COVID-19 test result, staff who test positive will be able to leave self-isolation and <u>return to work</u>, if they test negative on days 5 and 6 after the date of their initial positive test, 24 hours apart, and providing they are medically fit, from Monday, 17 January.

This means if a staff member tests negative on the morning of day 6 and was negative 24 hours earlier, they can return to work on day 6.

NHS England and NHS Improvement Skipton House 80 London Road London SE1 6LH

14 January 2022

To mitigate any potential increased risk of transmission, NHS England and NHS Improvement require that all NHS staff then continue to test daily to day 10 after their initial positive test and stop at day 10 unless they remain or test positive.

For those that continue to test positive, if at day ten they still test positive they must continue to isolate and continue to daily lateral flow device (LFD) test until a negative result or until day 14*. If still positive at that point it is considered unlikely that they are infectious so they can return to work providing they are medically fit.

*The likelihood of a positive LFD test in the absence of symptoms after 10 days is low. Building on UKHSA advice, if the staff member's LFD test result is positive on the 10th day or beyond **AND the person has no symptoms**, they can have a local risk assessment with a view to return to work, depending on work environment.

There is no change to testing of staff who are contacts of someone confirmed COVID-19 positive; they must:

- stay at home and self-isolate if not fully vaccinated
- if fully vaccinated (ie have received two vaccine doses and at least 14 days have passed since the second vaccination) arrange a PCR test and can return to work if it is confirmed negative (if positive, isolate as above). If negative, the person should complete daily lateral flow tests before attending work each day for 10 days and immediately isolate in the event of a positive LFD or similar.

NHS staff should continue to access their tests via the universal offer online; UKHSA have assured us that there is sufficient supply to support any increase in testing and to provide access to tests in this manner. In extremis, regional testing leads will have a small supply of tests to be accessed on an emergency basis.

To support colleagues and to protect our patients and services, NHS providers and primary care organisations are asked to continue to ensure that:

- 1:1 conversations continue with any member of staff or student who has not been vaccinated, to understand and address their questions and concerns
- robust local monitoring processes are in place for regular staff and student LFD or where available, LAMP testing, with Board level assurance/organisational leadership and oversight
- staff (even if vaccinated) continue to carry out asymptomatic (twice weekly) LFD or where available, LAMP testing, and report results so that cases of the virus can be identified and isolated early to help keep staff and patients safe

- staff report the results of their twice weekly asymptomatic tests whether positive or negative at https://www.gov.uk/report-covid19-result
- covid-related sickness absence is recorded correctly using the drop-down options in ESR where that is available, to ensure we develop an accurate picture
- staff are offered continuous learning regarding UKHSA's IPC guidance
 (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) with access to refresher education events for all staff and students including those colleagues who may not have access to traditional information cascades

In addition to the crucial roll out of the vaccine booster programme and systematic patient and staff testing, the consistent application of IPC measures remains the most effective defence against the entry and spread of COVID-19 in healthcare settings.

Thank you for your ongoing support.

Yours sincerely,

Professor Em Wilkinson-Brice

Deputy Chief People Officer

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Dr Nikita Kanani MBE

Medical Director for Primary Care

Ruth May

Chief Nursing Officer, England

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Professor Stephen Powis

National Medical Director