Staff Risk Assessment: Contact with Positive COVID-19

Updated: 17/03/2022

ORGANISATION COMPLETING RISK ASSESSMENT	

It sets out in the **Guidance for allowing essential frontline staff to return to work following a negative PCR or Lateral Flow Device (LFD) test if they have been asked to isolate due to potential contact with COVID-19** that if there is a risk that staff absence would lead to potential patient harm then staff may be brought back to work ahead of the self-isolation period following the completion of a local risk assessment.

The aim is to support organisations to reduce the pressure we know is being experienced. This risk assessment process should not be seen as a means to bring back all staff that is 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.

Across the Kent and Medway ICS System, the risk assessment process should involve (as appropriate) the organisation's medical and nursing leadership, local Director of Infection Prevention & Control DIPC (or Equivalent), local Director of Public Health (DPH), Infection Control Lead or Deputy/Registered Manager 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.

The appropriate delegated and named individual with management responsibilities will complete the Staff Risk Assessment: Contact with Positive COVID-19 following identification of contact with a positive COVID-19 person (staff member or community contact). This risk assessment will establish whether self-isolation is required or whether the staff member can return to work in exceptional circumstances.

Staff consent will be discussed and sought regarding this risk assessment process.

Risk Assessment Outcome Table:	
OUTCOME 1	To continue to work as normal provided they are asymptomatic.
OUTCOME 2	For immunocompetent Health and social care frontline staff only. Follow guidance set out in Part 4: Section 16.
OUTCOME 3	To self-isolate for up to 10 days, if symptomatic and/ or PCR/LFD positive

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PART 1: RELATES TO THE SERVICE: PRE-RISK ASSESSMENT CONSIDERATIONS (TO BE COMPLETED BY MANAGER/DEPUTY/SENIOR MANAGEMENT REPRESENTATIVE)	Yes/No
Is there a risk to health or safety, or the safety of providing continuing clinical or care services (or other critical services) resulting from this member of staff being absent during their isolation period?	
Have all other business continuity plans been actioned, and all other options explored leaving returning this member of staff to the workplace as the only option?	
Have other options for staffing been explored such a redeployment from other areas i.e. bank staff, agency staff, non-clinical staff etc.)?	
Please provide full details of the potential harm that may arise from this person not attending the workplace during their isolation period :	
If you have answered 'YES' to all of the above, please proceed with this risk assessment.	[redacted]
If you have answered 'NO' to any of the questions above, please consult your Senior Management Team to discuss the current staffing levels and seek approval to proceed with this Risk Assessment.	
PART 2: TO BE DISCUSSED WITH THE STAFF BEFORE RISK ASSESSMENT IS CONDUCTED BY MANAGER/OH REPRESENTATIVE OR DESIGNATED DEPUTY	Discussed with staff (Yes/No)
The decision to allow staff to attend work must be on a case-by-case basis.	
The staff member should not work with Clinically Extremely Vulnerable (CEV) patients, service users, residents, clients, service users, residents or clients. See definition below (point 19).	
It is advised that the staff member must not take breaks or eat with other staff (alternative areas or staggered breaks) should be allocated.	
The contact staff must carry out daily LFD tests for 10 days and results must be reported daily to Test and Trace via the web portal and to their duty manager or an identified senior staff member	
Following Risk Assessment, outcome of assessment will be determined, recorded and escalated as appropriate.	
Has the staff member consented to this risk assessment?	

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PART 3: TO BE COMPLETED BY MANAGER/DESIGNATED DEPUTY/OH REPRESENTATIVE	
Staff Details	
Surname:	**Forename:**
Date of Birth (Optional):	**Gender (Optional):**
Department:	**Site Name:**
Site Address:	
Job Title:	**NHS No:**
Home Tel:	**Work Tel:**
Mobile number:	**Work Email Address:**

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PART 4: TO BE COMPLETED BY MANAGER/DESIGNATED DEPUTY/OH REPRESENTATIVE							
1.	**Are they aware that they have been identified as a contact with a Covid-19 positive person?**	Yes	No	Date of last contact with Covid-19 positive person:	Date of notification:	Date of 11th day post contact:	
2.	**Has the staff been risk assessed and identified as being extremely clinically vulnerable?**	Yes	No	If 'yes', staff to isolate for 10 days	Isolation start date:	Isolation end date:	
3.	**Has the staff been in contact with a Covid-19 positive household member during their infectious period [two days before developing symptoms (or testing positive if asymptomatic) to 10 days after]?**	Yes	No	If 'yes', refer to question 4.			
4.	**Is the staff member double vaccinated?** **(Covid-19 vaccine – visual evidence, i.e. NHS App, may be required)** **(If 'No' to self-isolate for 10 days)**	Yes	No	Date of 1st vaccine:	Date of 2nd vaccine:	Date of Booster:	**Note:** The 2nd vaccine should be more than 14 days ago.
5.	**Has the staff member done a PCR test**	Yes	No	Date of PCR Test: PCR Test Result:			
6.	**Is the staff member informed by other healthcare organisation to self-isolate following contact with a positive case?**	Yes	No	Refer to the Outcomes below			
7.	**Are you an expectant or nursing parent?**	Yes	No	N/A	Refer to Occupational Health or GP		
8.	**How does the staff member commute to and from work?**	Record answer here:					
9.	**Do they live or house share with other employees?**	Yes	No	Consider if RA should be undertaken for those other staff.			
10.	**Does the staff member work with CEV individuals?**	Yes	No	Consider re-deployed to another area, and staff may need to be deployed outside of designated green areas.			
11.	**Any current symptoms?**	Yes	No	If yes, staff must immediately isolate and book a PCR test.			
12.	**Is the staff member fully compliant with IPC Training (Yes/No): If 'No', it is recommended that staff will update their IPC training in an agreed**						

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	timeframe with their Line Manager?	
13.	**Type of contact with Covid-19 positive staff member: (household, workplace, community, unknown /anonymous contact,** **other)**	
14.	**How did the exposure occur & frequency?** I.e. working with others at <2m for >15 minutes, but may not have always worn PPE, breach of PPE.	
	Outcome:	**Action:**
15.	**OUTCOME 1** **Staff Contact -** • **Has been wearing appropriate PPE and,** • **No PPE breaches, or** • **No exposure.**	• The staff member should not have any travel related isolation requirements • To continue to work as normal provided they are asymptomatic, even if not fully vaccinated • Continue with weekly LFD testing guidelines for staff. • Report any positive LFD test results, isolate and follow guidance.
16.	**OUTCOME 2** **Staff Member:** **Has been in close contact with positive person.** **Immunocompetent Health and Social Care Staff**	**For frontline Health and Social Care Staff only:** • They will be required to: ▪ have a PCR swab test immediately • If PCR swab test is Positive: ○ Isolate for 10 days. (Isolation period includes the day the symptoms started or the day their PCR test was taken if they do not have any symptoms, and the next 10 full days).

		○ Staff may be able to end their self-isolation period before the end of the 10 full days by undertaking LFD test on the 5th and 6th day of their isolation period (24 hours apart). If both these LFD test results are negative, they may return to work on day 6 under the following conditions: • the staff member's symptoms have resolved, or their only symptoms are cough or anosmia which can last for several weeks • 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, and consideration should be given to redeployment until period10 days after their symptoms started (or the day their test was taken if they did not have symptoms) • the staff member should continue to undertake daily LFD tests until 10 days after their symptoms started (or the day their test was taken if they did not have symptoms). For example: ○ if the first negative LFD test was taken on the fifth day, and the second negative LFD test was taken on the sixth day, they can return to work but should continue to take LFD tests on days 7, 8, 9 and 10 ○ if the first negative LFD test was taken on the sixth day and the second negative LFD test was taken on the seventh day, they can return to work but should continue to take LFD tests on days 8, 9 and 10 • 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 and personal protective equipment (PPE) must be worn properly throughout the day ***NOTE: If any of the above cannot be met, the staff member should not come to work and should follow the stay at home guidance for the full 10-day period.*** • **If PCR swab is Negative:** ▪ staff member should return to work ▪ complete daily LFD test and report results to manager and NHS Test and Trace (for a period of 10 days), ▪ be aware of any Covid-19 signs or symptoms

		• **If the PCR Test is inconclusive:** Staff who receive an inconclusive PCR test result should not attend work and should arrange another PCR test. If this repeat PCR test result is positive they should follow the advice in section 2.2. If their PCR test result is negative, they can return to work. • **If Covid-19 symptoms develop:** ▪ commence self-isolation immediately ▪ have a PCR swab test ▪ if PCR swab test is Negative, staff may be able to return to work if well and continue with the above daily LFD test requirement for 10 days • **If staff records a positive LFD test:** ▪ commence self-isolation immediately ▪ confirmatory PCR swab test is no longer required ▪ follow the above LFD test requirement **NOTE:** The 10- day isolation period will start from the first day of symptoms or the date of PCR test if not symptomatic. If the staff member becomes a case, self-isolation re-sets based on test date/symptom onset. Organisations must undertake a workplace risk assessment identifying higher and lower risk areas. An example of higher risk area includes direct care for immunocompromised patients. A staff member who has tested PCR negative following a contact with a positive household member and works in a higher risk area should be redeployed during the 10 days following their last contact with the case.
17.	**OUTCOME 3** **Staff Member –** **Has been in close contact with positive person**	▪ **If asymptomatic** - the staff member should immediately arrange for a PCR test, and the result of this test should be negative prior to returning to work. ▪ **If symptomatic** - the staff member should arrange for a PCR test and self- isolate until PCR result is known. ▪ **If PCR test is negative** - the staff member should complete daily LFD test before attending work each day for 10 days following their last contact with the case (even on days they are not at work). Staff should seek a

	CEV individuals **Not fully vaccinated** **Living with a positive household member**	repeat PCR if have any COVID-19 symptoms. • staff member that has had a PCR positive infection in the past 90 days should not have a PCR test and should only undertake daily LFD tests as described under Outcome 2 Action above • on days the staff member is working, the LFD test should be completed before starting their shift, and the result should be negative ▪ **If the PCR Test is inconclusive:** Staff who receive an inconclusive PCR test result should not attend work and should arrange another PCR test. If this repeat PCR test result is positive they should follow the advice in section 2.2. If their PCR test result is negative, they can return to work, following a risk-assessment by their line manager. ▪ **If living with a positive COVID-19 case** – the staff member may return to work following a risk-assessment by their line manager.
18.	**Covid-19 Vaccination**	1:1 conversation should continue with a staff member who has not been vaccinated, to understand and address their questions and concerns.
19.	**Definition of Clinically Extremely Vulnerable (CEV)**	The following patients, service users, residents, clients, service users, residents, clients are classed as clinically extremely vulnerable: • solid organ transplant recipients • people with specific cancers: ▪ people with cancer who are undergoing active chemotherapy ▪ people with lung cancer who are undergoing radical radiotherapy ▪ people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment ▪ people having immunotherapy or other continuing antibody treatments for cancer ▪ people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors ▪ people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs • people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD) • people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease) • people on immunosuppression therapies sufficient to significantly increase risk of infection

		• problems with your spleen, for example splenectomy (having your spleen removed) • adults with Down's syndrome • adults on dialysis or with chronic kidney disease (stage 5) • women who are pregnant with significant heart disease, congenital or acquired
20.	**Other General Advice:**	• All staff must maintain the 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. • Business Continuity Plans must be considered i.e., complete service/team staffing status form • Symptom Awareness for Testing • Awareness of how to book a vaccination • UKHSA gov.uk website information • Refer to Safer Travelling for Passengers Guidance (Point 8) • Refer to Covid-19: Shared and Overcrowded Housing- reducing the risk of infection guidance (Point 9)
21.	**Outcome for Employer:**	• To inform Line Manager of risk assessment outcome (follow local reporting arrangements) • To inform Infection Control Team/IPC Lead/Registered Manager/DIPC • To inform Occupational Health (where applicable or follow local arrangements) • Consider further escalation as appropriate • Follow all Local Governance Arrangements • Review Staff Capacity and Critical Staffing Level Indicators • Review and maintain updated electronic Patient Risk Ratings

PART 5: RISK ASSESSMENT OUTCOME (TO BE COMPLETED BY MANAGER/OH REPRESENTATIVE)	
Outcome of Risk Assessment	
Does the Outcome require escalation? (Yes/No)	**Refer to your organisation's escalation process**
If 'Yes', escalation details (OH, HR, DIPC, IPC Lead, Registered Manager or follow internal escalation protocols.). Provide reasons for escalation.	

Name and Title of Manager/OH Representative/Registered Manager/Deputy completing assessment:	

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Assessment Date:	
Line Manager Details (Director of Nursing/ Medical Director / Exec Director for Organisation, Managing Director, Registered Manager):	**Name**: **Line Manager Signature**:
	Job Title:
	Email/Contact details:
	Date Line Manager informed of Risk assessment Outcome:
Director of Infection Prevention & Control (DIPC) or Equivalent Informed (Yes/No)	**Name**: **Line Manager Signature**:
	Job Title:
	Email/Contact details:
	Date Line Manager informed of Risk assessment Outcome:
	Name: **Line Manager Signature**:

Director of Public Health (DPH) informed (Yes/No) Local Health Protection Team Representative	**If 'No', state the reason**:
	If 'Yes':
	Name of DPH:
	Date Informed: **Email Address**:
	DPH Sign off Signature:

- https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings
- https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers#public-transport