**West Yorkshire LRF**

**Protocol to support decision making in response to critical business continuity issues as a result of critical workers isolating as contacts of cases of coronavirus**

There is strong evidence that contacts of cases, including those who are vaccinated, have higher SARS-CoV-2 positivity rates than the general population. Accordingly, it is crucial that those asked to isolate by NHS Test and Trace or notified by the NHS app do so.

The current high prevalence of COVID-19 has resulted in large numbers of close contacts of cases being required to self-isolate which is placing pressure on some critical services. As case numbers increase the Government has outlined the **exceptional** circumstances in which critical workers may be allowed to return to the workplace during their period of isolation as contacts.

The Government has published guidance for how this may be applied in health and care settings, and this is authorised by the organisation’s Director for Infection Prevention and Control (IPC). The Government have indicated that this will be applied in other critical settings such as the police, fire and other critical infrastructure such as utility and transport.

At the time of writing there is no national guidance on the definition of critical roles. Local Authorities in Yorkshire and Humber are co-ordinating a list of critical roles in local government and it is recommended that blue light, utility and transport organisations do the same, unless / until a national list is provided.

A detailed risk assessment for each employee will be required on a case-by-case basis. As many organisations are unlikely to have embedded IPC or public health expertise within them, an agreement across West Yorkshire for how any such cases will be risk assessed and approved is required.

This paper outlines a number of considerations which should be followed in applying the national guidance on allowing critical workers to return to the workplace during their period of isolation as contacts.

The protocol applies only to critical workers. It does not apply to NHS settings where national guidance protocols are already in place. Furthermore:

* The protocol should only be applied in the most exceptional of circumstances, where the risk of harm to the public as a result of loss of service or function outweighs the risk of harm due to COVID-19
* The protocol should be applied on a case-by-case basis and a joint risk assessment is undertaken between the organisation applying for the exemption and an IPC or Public Health Specialist.
* The risk assessment should signed-off by the Director of Public Health (or delegated authority, including the Public Health England Health Protection Team).
* Individuals cannot be compelled to return to work, this must be done on a voluntary basis.

**Assessment of exceptionality/critical operational pressure**

The organisation requesting the exemption is responsible for assessing the workforce pressures, the critical nature of the role, and the risk of harm to the public in line with Government guidance. The organisation should have exhausted all reasonable options to address staff absence and business continuity, for example, through staff overtime, use of mutual aid, and cross-cover, amongst others. The organisation is expected to keep a written record of this as part of their risk assessment.

**Consideration of exemption from isolation to return to work**

For an individual to be considered eligible to return to work during their period of isolation as a contact they must:

* Have been advised to isolate as a contact by NHS Test & Trace or the NHS App
* Have received two doses of the vaccine with the second dose delivered more than 14 days before the time of contact.
* Request a PCR test and for that PCR test to be negative (the individual must isolate until the PCR test result is returned enabling a full risk assessment to take place)
* Be asymptomatic
* Consent to the mitigation required to return to work
* Not be clinically extremely vulnerable
* Not live in a household with a positive case, a symptomatic individual, or someone awaiting a test result

In addition to the above, individuals will need to provide details regarding the nature of the contact to support the risk assessment e.g. anonymous app notification, travelled in a small vehicle, etc.

Attached is a proforma to record the assessment of exceptionality and eligibility of the staff member to be considered for exemption.

**Mitigation and control measures on return to work**

The organisation requesting the exemption is responsible for assessing the workplace and ensuring that all possible measures to mitigate against the potential spread of infection are followed. This includes:

* The individual should return to work for the minimum time possible during the isolation period.
* The individual should undertake daily lateral flow (LFD) tests for at least 7 days (and to a maximum of 10 days/ completion of the identified isolation period) prior to starting work each day. The individual should only go to/remain in work if a negative result is obtained. LFD test results should be recorded on the NHS Testing Portal.
* The individual should immediately self-exclude if feeling unwell / symptomatic.
* PPE should be used at all times where possible and any breaches reported.
* The individual should maintain social distance from other staff where possible
* The individual returning to work should be kept separate to the rest of the workforce (‘bubbled’) where possible to minimise the risk of transmission to wider staff. This includes break mealtimes.
* Individual should not work alongside or in proximity with any member of staff who is Clinically Extremely Vulnerable
* The individual will be required to self-isolate at all times when not in work and follow relevant national guidance.
* The individual should avoid using public transport to travel to work if possible
* If additional positive cases are identified amongst individuals returning to work, this agreement should be reviewed to assess risk of further workplace transmission.

**Responsibilities**

There should be a named lead in each organisation. The requesting organisation will be responsible for assessing exceptionality and risk of harm to the public as a result of any loss of service or function due to individuals isolating. The requesting organisation is also responsible for implementing all necessary mitigation and control measures, ensuring safety in the workplace is paramount.

Where the service pertains to a specific local authority geographical area, the DPH is responsible for conducting the risk assessment and signing off individual returning to the workplace. This responsibility may be delegated.

For West Yorkshire Police and West Yorkshire Fire and Rescue, the Health Protection Team at PHE will continue to oversee and sign off the risk assessments, in line with the Joint Working Agreements.

**Submissions of requests**

Completed proformas recoding details of the assessment of exceptionality and eligibility of the staff member to be considered for exemption will need to be assessed by an Infection Prevention and Control or public health specialist. Below is the route for requests for different LRF partners:

* Councils – IPC / Public Health
* Police and Fire – PHE
* Other critical infrastructure services – relevant Government department

**Oversight and audit of requests**

It is important to maintain oversight of the number, nature and outcomes of requests for exemptions to self-isolation. In order to be assured, Directors of Public Health have agreed that a sample of requests and decisions made across the NHS, social care, and other essential local government services will be audited.

**Note: This protocol is valid up to August 16th 2021, at which point updated guidance on isolation is expected.**