**Risk Assessment For:**

**COVID-19: Exemption from contact isolation for fully vaccinated health and social care staff in exceptional circumstances**

**Key principles**:

This is a case by case risk assessment to cover situations where staff members are instructed to isolate having been identified through NHS Test and Trace the NHS Covid App and other formal contact tracing routes or where staff members live with a positive covid case.

This risk assessment should only be used in exceptional circumstances, e.g. where care or other statutory responsibilities cannot be delivered safely. It should not be used to authorise blanket exemptions. It is expected all infection, prevention and control (IPC) measures remain in place.

* The exceptionality of the situation needs to be recorded; all other business continuity measures should be implemented first
* Robust IPC measures must be in place
* Careful consideration needs to be given to the concerns of other professional colleagues, other members of staff, clients, and family members may have regarding a member of staff being exempted from self-isolation
* Careful consideration should be given to the risk of onward transmission compared to the risk of delivery of critical services. The decision-making process should be documented clearly
* There needs to be a record of the potential harm that may occur if the member of staff cannot attend the workplace
* There needs to be a record that an assessment of the likelihood of infection from the contact has been assessed (e.g. vaccinated, nature of exposure)
* There needs to be a record of what mitigations will be in place to prevent onward infection if the person was to become a case (e.g. testing, PPE use, etc)
* There needs to be a record that mitigations have been put in place to protect the most vulnerable (including residents and staff) from a potentially harmful exposure (eg, not working with immunocompromised etc)
* The member of staff who is isolating should not be required to attend work if they wish to continue with their self-isolation

Links to the Guidance:

* [COVID-19: management of staff and exposed patients and residents in health and social care settings - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings?utm_medium=email&utm_campaign=govuk-notifications&utm_source=e7cb5139-1cc9-44b5-9cb3-8916333f85bc&utm_content=immediately)
* Publication approval reference C1354/Guidance for allowing fully vaccinated frontline staff to return to work following a negative PCR and have been asked to isolate due to a potential contact. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/08/C1381-Updated-guidance-on-NHS-staff-and-student-self-isolation-return-to-work-following-COVID-contact.pdf

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| **Risk Assessment** | | | |
| **Employee name:** | | **Employee role:** | |
| **Assessment date:** | | **Contact details:** | |
| Date isolation notification received:  Date member of staff able to come out of self-isolation: | |  | |
| 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? | | | **Yes / No** |
| 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?  (please provide documentation to evidence this) | | | **Yes / No** |
| Please provide full details of the potential harm that may arise from this person not attending the workplace during their isolation period. | | | |
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| Has employee had two MHRA approved Covid vaccinations and was the second vaccination at least 14 days before the date of contact?  Date of vaccination 1:  Date of Vaccination 2 | | | **Yes / No** |
| Have you seen evidence of their vaccinations (a screen shot of the NHS App which contains the individual vaccination status or a photograph of their vaccination card) | | | **Yes / No** |
| The nature and context of the exposure may impact the likelihood of the contact going on to get infected, which will impact the balance of risk. (Please refer to guidance documents linked above)  Please document what is known about the nature of the contact and the setting in which it occurred. Where a staff member is a contact of a household member it is important to consider the increased risk of transmission and whether the household member is symptomatic in the risk assessment for essential return to work within the 14 day period. | | | |
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| If employee continues to attend work, are they able to be located away from clinically vulnerable colleagues/clients/patients/residents? (May need to move other staff)  <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus-clinically-extremely-vulnerable/> | | | **Yes / No** |
| **Recommendation:**  Please take into account all the evidence provided including the supplementary evidence and the responses to all the questions above before making a recommendation. If any question has been answered “No” then this staff member will not be suitable for exemption.  Having reviewed the balance of risk between onward transmission of Covid-19 compared to the risk to delivery of critical services due to staff absence, as well as the mitigations available, exemption from isolation for this member of staff is a reasonable course of action at this time. | | | **Yes / No** |
| Name of person completing assessment: |  | | |
| Role of person completing assessment: |  | | |
| Date of assessment: |  | | |
| **Approval** | | | |
| Name of person approving assessment: |  | | |
| Role of person approving assessment: |  | | |
| Date of Approval: |  | | |
| **Employee agreement** | | | |
|  | | | |
| **I** *agree with the decision to return to the workplace and voluntarily do so. I confirm that that all employee related information is correct and agreement that the conditions of exemption from isolation will be adhered to.* | | | |
| Name & Signature: | | | |
| Date: | | | |