**Return to work for: COVID-19 Positive case isolation completion – Day 8 return to work**

**This form must be completed and returned to** **EEASTCoordinationCentre@eastamb.nhs.uk**

The cases potentially eligible for this process must meet the inclusion criteria.

**Inclusion criteria**: Staff may be able to end their self-isolation period before the end of the 10 full days by undertaking an LFT test on the sixth day and seventh day of their isolation period (24 hours apart). If both these LFT test results are negative, they may return to work on day 8 under the following conditions:

* **the staff member should not have any** [**COVID-19 symptoms**](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/)
* the staff member should continue to undertake daily LFT tests on day 8, 9 and 10 of their isolation period. If any of these LFT test results are positive the staff member should isolate (contact manager) and should wait 24 hours before taking the next LFT test.
* if the LFT test is positive on the 10th day, daily LFT testing should continue, and the staff member should not return to work until a negative LFT test result is received
* on days the staff member is working, the LFT 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 PPE must be worn properly throughout the day
* 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 given to redeployment for the remainder of the 10-day isolation period.
	+ *Consideration has been given by the Trust, and it is determined essential that patients receive emergency care, and as such the staff may respond to vulnerable patients as a 999-emergency response. Prescheduled care and transfers should aim to avoid utilising staff on day 8, 9 or 10 for interfacility transfers or prescheduled care of vulnerable patients.*

If any of the above cannot be met, the staff member should not come to work and should follow the [stay at home guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) for the full 10-day period.

**Manager to complete:**

This is a risk assessment for: S*taff name:* ………………………… Contact Number:……………………

Team/Area………………………………………

Date completed…………………………

Completed by…………………………………Team Leader/ Line Manager

Authorised by COVID Lead/Line manager date: ………………………………………….

Authorised by:

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| --- | --- | --- |
|  | **Specific rationale and comments** | **Confirmed by name/date** |
| 1. Confirm staff member has completed LFT on isolation day 6 and 7, or after (24 hours apart)
 | **Date and time of first test:****Result:** **Date and time of second test:****Result:**  |  |
| 1. Confirm staff member does not have any COVID symptoms.
* the staff member should not have any [**COVID-19 symptoms**](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/)
 | **Detail answer here:** |  |
| 1. Confirm staff member feels well enough to return to work
 | **Detail answer here:** |  |
| 1. Confirm with staff member the requirement to continue to conduct LFT on day 8, 9 and 10.

Continue to report all LFT results via the usual channel and on the .GOV website. Any staff member who has a positive LFT test during this period should not attend work and inform their line manager and COVID lead. | **Confirm this has been understood agreed** |  |
| 1. Whilst frontline care will make patient vulnerability difficult to predetermine, and staff will attend these jobs as an emergency, prescheduled care should aim to avoid utilising staff on day 8, 9 and 10 for care of patients that are considered vulnerable.

Staff member must inform AOC that they should not be used for interfacility transfers of vulnerable patients, whilst the staff member is on day 8, 9 or 10.  | **Confirm this has been understood agreed** |  |
| 1. It remains advisable to be cautious and vigilant with regards mask wearing and distancing from others outside of the workplace.
 | **Confirm staff member understands the advice.****Answer here:** |  |
| 1. Remind the staff member that if they develop any COVID or any related symptoms, they MUST stay at home and immediately and contact the COVID lead and local manager
 | **Confirm staff member acknowledges and agrees to this instruction.****Answer here:** |  |
| 1. Staff in all roles MUST adhere to the COVID working safely instructions and mitigations outlined in the local site risk assessments.

All IPC safe practices must be adhered to as relevant to your role. | **Confirm staff member acknowledges and agrees to this instruction.****Answer here:** |  |
| 1. Manager confirm GRS has been updated
 | **Answer here:** |  |

**Notes:** *[insert name and specific sign off details of each organisation]*

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**\*Severely immunosuppressed patients:**

* immunosuppression due to acute and chronic leukaemia’s and lymphoma (including Hodgkin’s lymphoma)
* severe immunosuppression due to HIV/AIDS (British HIV Association advice)
* cellular immune deficiencies (such as severe combined immunodeficiency, Wiskott-Aldrich syndrome, 22q11 deficiency/DiGeorge syndrome)
* being under follow up for a chronic lymphoproliferative disorder including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, and other plasma cell dyscrasias
* having received an allogenic (cells from a donor) stem cell transplant in the past 24 months and only then if they are demonstrated not to have ongoing immunosuppression or graft versus host disease (GVHD)
* having received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months and only then if they are in remission
* those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
* those who are receiving, or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and the immune status of the patient)
* those who are receiving or have received in the past 12 months immunosuppressive biological therapy (such as monoclonal antibodies), unless otherwise directed by a specialist those who are receiving or have received in the past 3 months immunosuppressive therapy including:
* adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/ kg/day in children under 20kg) for more than 1 week
* adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
* adults on non-biological oral immune modulating drugs, for example, methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6­mercaptopurine >1.5mg/kg/day
* children on high doses of non-biological oral immune modulating drugs.

**Each organisation to add more specific high-risk groups as determined by their patient/client groups and need to determine how they record all decision making for audit purposes.**

**Please note: Critical staff will need to be defined by individual organisation based on the risk presented**

**by reduced staffing levels.**