DOCUMENT CONTROL PAGE

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Minor Amendment	Date: 22nd July 2021 Notified To: Strategic Committee Summary of amendments – Incorporation of information to the SOP Returning to Workeedback on initial draft shared with Strategic Committee on 19th July
Author	Originated / Modified By: Alison Lynch Designation: Corporate Director of Nursing
Ratification	Ratified by: Strategic Committee Date of Ratification: 23rd July
Application	All MFT employed staff, NHS Professionals, and Sodexo
Circulation	Issue Date: 23rd July 2021 Circulated by: Daily COVID communications Dissemination and Implementation: All Trust Managers
Review	Review Date: 1st September 2021 Responsibility of: COVID-19 Testing Strategic Group
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1. Introduction

1.1 Public Health England has launched its national test and trace programme[1] where people who test positive for COVID-19 are contracted either by the national system or the GM regional system to identify people who do not live in the same household as the positive case but may have had close contact with them, which puts them at risk of contracting and transmitting COVID-19.

1.2 As part of the test and trace programme, details of staff working within a healthcare setting or patients tested prior to admission who are found to be COVID-19 positive, will be passed to the single point of contact in the Trust. Specific national guidance has been published for the management of staff and exposed patients or residents in health and social care settings[2]. This guidance requires the Trust to identify contacts of the positive case, conduct risk assessments in conjunction with local infection prevention and control (IPC) policies and make decisions regarding whether the individual is a significant contact and needs to self-isolate for 10 days.

2. Testing and notification routes

2.1 There are a several routes through which staff and patients may be tested for COVID-19 or be advised that they are a contact of a COVID-19 case. Testing and notification routes include:
- Community testing
- Testing of symptomatic patients within MFT
- Testing of asymptomatic staff and patients within MFT
- Notification of being a contact with a COVID-19 case by the Test and Trace Service or the NHS COVID-19 app
- Notification of being a contact with a COVID-19 case by the Trust

3. Roles and responsibilities

3.1 The Hospital/MCS/LCO Chief Executive or Corporate Director is responsible for identifying a Single Point of Contact **(SPOC)**, which will usually be the Director of Workforce, and ensuring that this protocol is implemented in the services for which they are responsible.

3.2 The Group SPOC (Head of Specialist HR Services) is responsible for receiving information from the Test and Trace Service and disseminating the information to the relevant Hospital/MSC/LCO/Corporate SPOC for action.

3.3 The Hospital/MCS/LCO/Corporate SPOC is responsible for liaising with the relevant management team to identify the appropriate manager to conduct contact tracing and risk assessments.

3.4 The relevant MFT Director responsible for contractors who work on MFT sites is responsible for ensuring that this protocol is implemented in relation to Test and Trace notifications regarding contracted staff.

3.5 The Line Manager is responsible for calling employees back after they report their absence via Absence Manager/local reporting processes to establish whether a test has been conducted. The Line manager is responsible for contacting the staff member to

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[1] https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works
[2] 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

follow up the result and record the test outcome and reason for absence on Absence Manager

3.6 All managers are responsible for conducting contact tracing in their area, using the contact tracing history tool set out in Appendix 1, and undertaking risk assessments as indicated by the contact history using the template set out as Appendix 2.

3.7 The Infection Prevention and Control Team is responsible for providing advice to managers to support the contact tracing and risk assessment process.

3.8 A staff member who is required to self-isolate because they have been notified that they are a contact of a COVID-19 case will be required to report their absence via Absence Manager or their local reporting process.

3.9 All staff are required to comply with PPE and social distancing requirements. NHS guidance[3] also sets out a requirement that staff comply with all requests for testing. This is because COVID-19 is a notifiable disease, which must be reported for purposes of health protection.

3.10   Regulated professionals have a duty to preserve safety; this includes appropriate use of PPE and taking action in accordance with national and local policy to minimise transmission of Coronavirus.

4. Contact tracing process

4.1 Appendix 3 sets out the process to follow within the Trust for staff who are either identified as COVID-19 positive or who are identified as being significant contacts of a COVID-19 case.

4.2 If staff or patients are identified as significant contacts of a COVID-19 case, they will be advised by the Test and Trace Service to self-isolate for 10 days. If the individual meets the contact criteria, this period of time is required regardless of any negative COVID-19 swab, as the individual may be incubating the disease.

4.3 **Any member of staff who is contacted by the National Test and Trace team and advised to isolate due to a contact in the workplace must contact their Line Manager in the first instance**. The Line Manager must work through the Covid-19 contact risk assessment protocol to ascertain whether the staff member has worn appropriate PPE during the contact and adhered to Trust policies. By working through the risk assessment (Appendix 2), the line manager will be able to advise the member of staff whether or not they meet the criteria to self-isolate.

5. Prevention of transmission

5.1 It is vital that all staff act to minimise the transmission of COVID-19 in order to stop the spread of the virus and protect the health of patients and staff. Staff must follow the Trust guidance on the correct use of PPE, social distancing when not wearing PPE, wear the required face masks as per Trust guidance when on-site and conduct and act upon Safe Working Environment assessments.

6. Self-isolation order review

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[3] 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 - section 3

6.1 A process is available to review staff self-isolation orders with a view to withdraw them if appropriate. This is a voluntary process and must be authorised following a risk assesment. The Self-isolation order review SOP must be followed.

7. Monitoring and reporting

7.1 The number of staff recorded as COVID-19 positive and the numbers self-isolating as a result of being identified as a contact of a COVID-19 case will be recorded in Absence Manager and reported in the workforce report to the COVID-19 Strategic group.

7.2 Impacts of staff absence due to self-isolation on business continuity will be monitored via the COVID-19 Strategic Group as required.

7.3 Hospital/MCS/LCO/Corporate services will be required to record on the test & Trace spreadsheet on MS Teams the contacts have been traced and provide assurance that action has been taken in accordance with this protocol.

7.4 There is a national requirement for the Trust to report staff absent because of COVID-19 (illness or self-isolation) and within that, a subset of staff who are self-isolating for 10 days because they have been notified, by the Test and Trace service or NHS COVID-19 app, as having been in close contact with someone who has tested positive for COVID-19 in the daily COVID-19 sitrep.

7.5 The Trust is required to analyse the information from test and trace activity to monitor:

- Instances of breaches in Infection Prevention Standards or PPE policies
- Areas of high risk of cross contamination
- Areas where social distancing has not been maintained

8. Ratification, dissemination

8.1 The MFT COVID-19 Testing Strategy Group is responsible for ratification of this protocol. Dissemination is via the Trust COVID-19 communication and notification route.

Appendix 1: Contact tracing case history tool

Completed by Hospital/MCS/LCO/Corporate/Sodexo Manager			
Employee Details			
Employee's Full Name:		**Assignment Number:**	
Home Address:		**Contact Number:**	
Role and Function of Employee:		**Exact location(s) of Work:**	
Assessment completed by [name and job title]:		**Date of assessment:**	
Circumstances of workplace contacts			
Date Employee's Symptoms began:		**Positive Test Result Date:**	
Date Employee was last on duty/on site in health care setting:			
Location of employee's last duty and duty:		**Location of any duty in the 2 days prior to symptoms commencing (if different to above):**	

Workplace contacts				
No	**Contact Name**	**Staff / Patient / Visitor**	**Work area:**	**Circumstances of contact:** • *Location* • *Duration* • *Proximity* • *Measures in place (social distancing / PPE)*

Appendix 2: Risk assessment template

Department or Service Manager to assess contact with the COVID-19 case that took place up to 48 hours prior to onset of symptoms.

Name of contact:
Role:
Location of work:

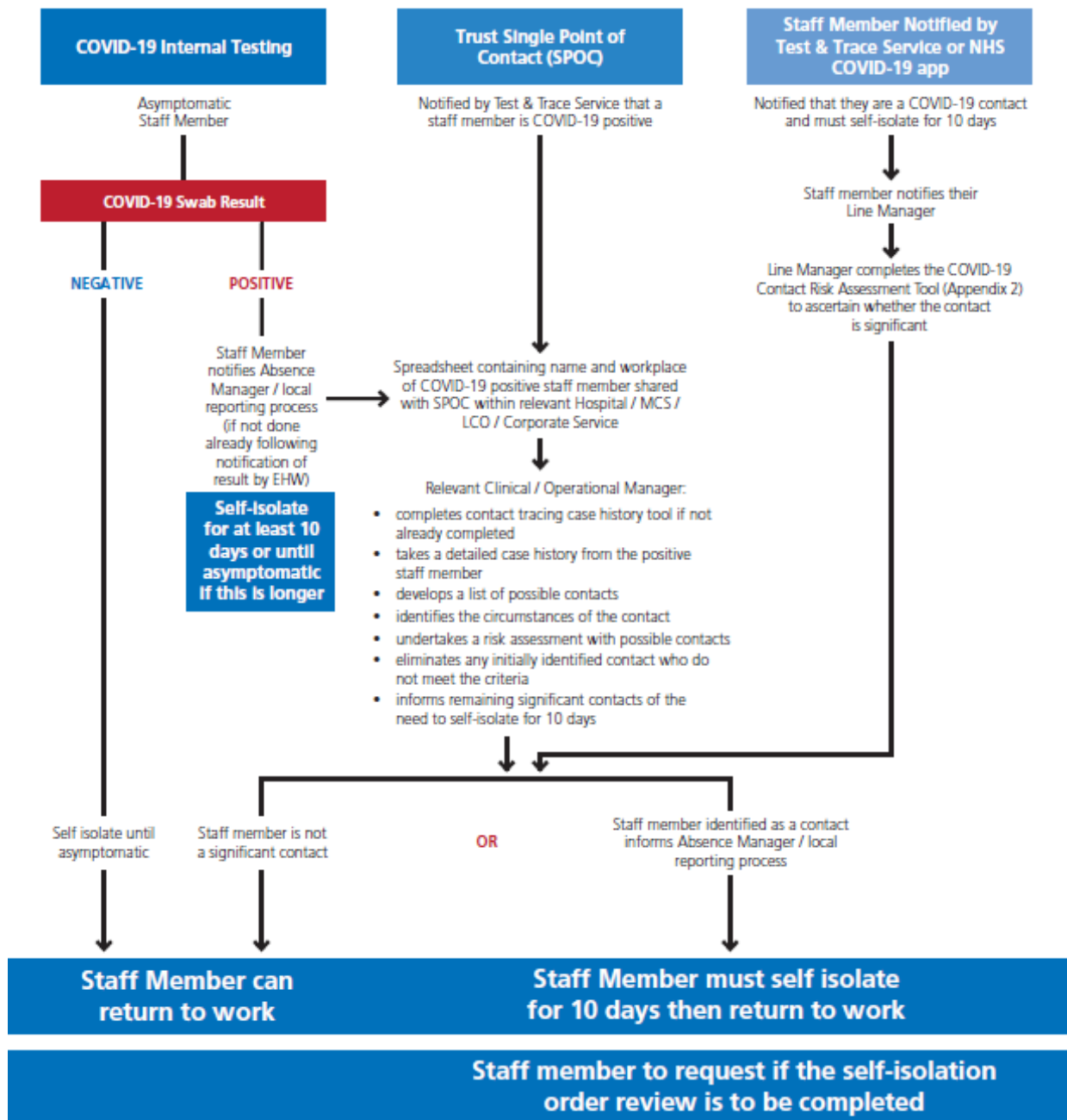| COVID-19 contact risk assessment				
	Criteria	**Yes**	**No**	**Action**
1.	When the contact took place was either person wearing a face mask?			If yes, no further assessment is required and the individual would NOT be classed as a contact requiring 1 day self-isolation.
If the contact took place when the individuals were not wearing appropriate face masks/coverings assess:				
2.	Was there any contact within one metre for one minute or longer without face-to-face contact?			If yes, the individual is a significant contact and must self-isolate for 10 days
3.	Was there extended close contact within 2 metres for more than 15 minutes			If yes, the individual is a significant contact and must self-isolate for 10 days
4.	Has the individual travelled in a small vehicle (e.g. car) with the person who has tested positive for COVID-19?			If yes, the individual is a significant contact and must self-isolate for 10 days
5.	Has the individual travelled in a large vehicle (e.g. bus/train) seated beside, in front of or behind the person who has tested positive for COVID-19?			If yes, the individual is a significant contact and must self-isolate for 10 days

Contact should be considered as not significant if a healthcare worker was:
- **Only in contact with the positive case for a short period of time (less than 15 minutes of contact within 2 metres)**
- **Maintained social distancing throughout the contact (greater than 2 metres)**
- **Where PPE was in use but was breached for a very short time (for example where an apron tore during care but was replaced immediately)**

Appendix 3: MFT Test and Trace Algorithm

https://faq.covid19.nhs.uk/article/KA-01320

Appendix 4: FAQs

1. **Where can I find the definitions of a COVID-19 contact?**

   The definitions of a contact are set out in Public Health England *Guidance for contacts of people with possible or confirmed coronavirus (COVID-19) infection who do not live with the person.* https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person

2. **If I was wearing a face mask when contact took place with someone with COVID-19 do I as the contact have to self-isolate?**

   If you were wearing an appropriate face mask throughout the contact and there was no breach of this PPE, you are not defined as a contact and do not need to self-isolate.

3. **If I am contacted by the national Test & Trace team and told to self-isolate because of a work contact what do I do?**

   The PHE Guidance is clear that the contact tracing; *"does not include health care workers and others working in health and social care settings, who should follow separate guidance."* (see question1)

   Any member of staff who is contacted by the National Test and Trace team and advised to isolate must contact their Line Manager in the first instance. The Line Manager will work through the Covid-19 contact risk assessment protocol to ascertain whether the staff member has worn appropriate PPE during the contact at work and adhered to Trust policies. By working through the risk assessment, the line manager will be able to advise the staff member whether or not they meet the criteria to self-isolate.

4. **If I'm notified that I'm a significant contact of someone who is COVID-19 positive and my swab is negative, why can't I return to work?**

   It is possible that you could be incubating the virus as you have had significant contact with a person outside work with COVID-19 and therefore need to self-isolate for 10 days.

5. **If I have been tested as part of the Trust's asymptomatic testing and I am negative, why don't I have to self-isolate for 10 days as a negative contact would?**

   Unlike staff who are notified that they are a significant contact but have a negative test result, you can return to work as you have not been identified as having significant contact with a person with COVID-19.

6. **What can I do to prevent myself from being a COVID-19 contact?**

We all have a responsibility to comply with social distancing requirements and wear PPE in accordance with the Trust policy. Please comply with these requirements and constructively challenge any colleagues who are not compliant. Please be vigilant in break rooms, offices and meeting rooms.

7. Who should I speak to if I have any concerns?

Please discuss any concerns with your line manager. The Infection Prevention & Control Team can support you with queries and the Employee Health and Wellbeing Service is also available to provide support and guidance.

8. What will happen if I refuse to have a COVID-19 test?

As health care professionals we have a responsibility to protect ourselves, our colleagues and our patients from COVID-19. Therefore, if there is a possibility that you have the virus it is important to have the test so that the correct course of action can be taken. National PHE guidance sets out a requirement that staff will comply if the Trust asks you to have a COVID-19 antigen test. If you refuse to have a swab taken your manager will discuss your concerns with you.

9. If I have to self-isolate following my risk assessment, can I have this reviewed because I work in healthcare?

A process is available to review self-isolation orders. There are strict criteria and a risk assessment must be completed before this is authorised. You can refer to the SOP for the self-isolation order review process for further information.