

Dear Colleagues,

Managing Health and Social Care Staff with symptoms of a respiratory infection, or a positive COVID-19 test, as part of the Test and Protect Transition Plan

In line with the [Test and Protect Transition Plan](#), from 1st May 2022, there will be no population wide access to symptomatic testing for COVID-19 and contact tracing will cease. This follows the cessation of routine asymptomatic testing for the general public on 18th April 2022.

We are writing to set out the updated guidance for HSC staff who develop symptoms of respiratory infection; those with a positive test for COVID-19; and those who have a household member or overnight contact who has tested positive for COVID-19. This new guidance should apply from 1st May and to any staff who are mid-isolation period on that date.

This guidance should be read in conjunction with the updated '[Stay at Home](#)' advice for the general public now available and will also be published on NHS Inform on Sunday 01/05/22. This guidance also applies to non-clinical emergency services and national critical infrastructure.

Guidance for health and social care staff has evolved throughout the pandemic to reflect the latest clinical and public health advice and this latest update reflects that.

The guidance is provided in full in [Annex A](#). The key points to note are:

- This new guidance replaces DL (2022) 01 [self-isolation guidance for health and social care staff](#) that was last updated on 24 January 2022.
- The guidance applies to health and social care staff and volunteers in Scotland who work with patients and service users in face-to-face settings. [Annex B](#) outlines what type of roles this would apply to in social care. All other health and social care staff should follow the '[Stay at Home](#)' guidance for the general population.

DL (2022) 12

29 April 2022

Addresses

For action

Chief Executives NHS Boards and Local Authorities,
Chairs,
HR Directors,
Testing SPOCs,
Nurse Directors,
Medical Directors,
Chief Social Work Officers,
Chief Officers HSCPs,
Registered Care Home Providers,
Supported Housing Providers,
Care at Home Providers,
Directors of Public Health.

For information

Infection Control Managers,
Employee Directors,
Representatives,
Workforce Senior Leadership Group Members,
ARHAI Scotland,
Public Health Scotland,
Care Inspectorate,
Scottish Care,
COSLA,
Coalition of Care and Support Providers, Scotland (CCPS),
All Health and Social Care Staff.

Enquiries to:

Scottish Government
Directorate for Health Workforce
St. Andrew's House
Regent Road
Edinburgh
EH1 3DG

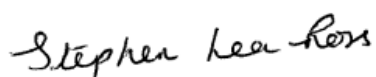
E-mail
HWFExperience@gov.scot

- All health and social care staff, who are eligible, will continue with twice weekly asymptomatic LFD testing. This will be kept under clinical review. Staff will get free access to any additional LFD tests advised as part of this guidance.
- Staff working with patients and service users in face-to-face settings, who have symptoms of a respiratory infection, a high temperature or do not feel well enough to attend work, are advised to take an LFD test, as soon as they feel unwell and report the results to their line manager.
- Staff should follow the advice in this guidance for those with symptoms if the test is negative, and for those with a positive test, if the test is positive.
- If staff live in the same household, or have stayed overnight in the same household as someone with a positive COVID-19 test, they should notify their line manager and discuss ways to minimise risk of onwards transmission. They should continue with twice weekly LFD testing and PCR testing, if they work in a care home. If they develop symptoms or receive a positive test, they should follow the advice set out in this guidance.
- All contact tracing of staff will end on 1 May 2022, in line with it ending for the general population.

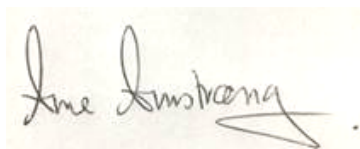
Yours sincerely,



Professor Nicola Steedman
Deputy Chief Medical Officer for Scotland



Dr Stephen Lea-Ross
Deputy Director, Workforce Planning and Development



Anne Armstrong
Deputy Chief Nursing Officer



Donna Bell
Director of Social Care

Annex A:

Managing Health and Social Care Staff with symptoms of a respiratory infection, or a positive COVID-19 test

This guidance applies to health and social care staff who work with patients and service users in a face-to-face setting.

Health and social care staff who do not work in face-to-face settings with patients and service users are advised to follow the [Stay at Home](#) guidance for the general population, if respiratory symptoms occur and inform their line manager. Stay at Home guidance also applies to staff working in the other non-clinical emergency services and national critical infrastructure.

Routine asymptomatic testing

Health and social care staff, who are eligible, will continue with twice weekly asymptomatic LFD testing. This will be kept under clinical review. Staff will get free access to any additional LFD tests advised as part of this guidance. Test results should be reported on the [NSS testing portal](#).

If staff receive a positive LFD test result, they should follow the advice in the section for staff members who receive a positive LFD test result for COVID-19.

Staff members with symptoms of a respiratory infection including COVID-19

Anyone who has symptoms of a respiratory infection and a high temperature or does not feel well enough to go to work is advised to stay at home and avoid contact with other people as set out in the '[Stay at Home](#)' guidance. Further advice on other actions, to take outside of work are provided in this guidance.

In addition, health and social care staff who work with patients and service users in a face-to-face setting, who have symptoms of a respiratory infection and a high temperature or do not feel well enough to attend work, are advised to take a lateral flow device (LFD) test as soon as they feel unwell. The result of the LFD test should be reported to their line manager.

If the LFD test result is negative, they can attend work if they are clinically well enough to do so and they do not have a high temperature.

If the staff member works with [patients whose immune system means that they are at higher risk of serious illness despite vaccination](#), they should discuss this with their line manager who should undertake a risk assessment.

If they are still displaying respiratory symptoms when they return to work, they should also speak to their line manager who should undertake a risk assessment.

All patient/service user-facing health and social care staff who receive a negative test result should resume routine asymptomatic LFD testing when they return to work. If the result is positive, they should follow the advice below for staff with a positive LFD result.

All patient-facing healthcare staff who receive a negative test result should resume routine asymptomatic LFD testing when they return to work. If the result is positive, asymptomatic testing can be paused for 28 days from the date of the positive test.

On returning to work, the staff member must continue to comply rigorously with all relevant [infection control precautions](#) and personal protective equipment (PPE) must be worn properly throughout the day and remain vigilant for symptoms.

Symptoms of COVID-19, flu and other common respiratory infections include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

Staff members who receive a positive LFD test result for COVID-19

If staff receive a positive COVID-19 test result, regardless of whether they have symptoms, they should not attend work for a minimum of 5 full days. Staff working with patients and service users in face-to-face settings can return to work when they have had 2 consecutive negative LFD test results (taken at least 24 hours apart). Those not working in such settings do not require testing before going back to work, as long as they feel well and do not have a high temperature.

The first LFD test should only be taken 5 days after the day their symptoms started (or the day their first positive test was taken if they did not have symptoms); Day 0 is the date of the onset of symptoms (or the date of that first test if asymptomatic).

If both LFD test results are negative, they may return to work immediately after the second negative LFD test result, provided they meet the criteria below:

- They feel well enough to work, and do not have a high temperature
- a risk assessment is done and consideration is given to redeployment (if they work with individuals whose immune system means that they are at higher risk of serious illness despite vaccination), until 10 days after their symptoms started (or the day their first positive test was taken if they did not have symptoms)
- they continue to comply with [infection control precautions](#) and personal protective equipment (PPE) is be worn correctly.

If the day 5 LFD test is positive, they should continue to test daily until they have received two negative LFD test results, taken 24 hrs apart. If the staff member's LFD test result is positive on the 10th day, they should discuss this with their line manager who may undertake a risk assessment to facilitate a return to work.

If staff working with patients and service users in face-to-face settings are feeling well enough to return to work but are still displaying respiratory symptoms, they should also speak to their line manager who should do a risk assessment.

Once the staff member has returned to work, routine asymptomatic twice-weekly LFD testing routine testing should be paused for 28 days from the date of the initial positive test.

Staff members who are contacts of a confirmed case of COVID-19

People who live in the same household as someone with COVID-19 are at a high risk of becoming infected because they are most likely to have prolonged close contact. People who stayed overnight in the household of someone with COVID-19 are also at high risk.

If a staff member is a household or overnight contact of someone, who has had a positive COVID-19 test result it can take up to 10 days for infection to develop. It is possible to pass on COVID-19 to others, even with no symptoms.

Patient-facing healthcare staff who have had overnight or household contact with someone who has had a confirmed COVID-19 test should continue with twice-weekly asymptomatic LFD testing.

In addition, they should discuss ways to minimise risk of onwards transmission with their line manager.

This may include considering:

- redeployment to lower risk areas for patient/client-facing staff, especially if the member of staff works with patients whose immune system means that they are at higher risk of serious illness despite vaccination
- working from home for non-patient-facing staff
- limiting close contact with other people especially in crowded, enclosed or poorly ventilated spaces.

Whilst they are attending work, they must continue to comply rigorously with [IPC](#) measures and wear the appropriate PPE for the setting they are in.

At any point, if the member of staff develops symptoms, they should follow the advice for staff with symptoms of a respiratory infection, including COVID-19, as outlined above.

Annex B:

In terms of social care, the following roles would be considered service user face-to-face roles:

- members of staff or volunteers who are regularly in a social care setting (for example, a care home or adult day care centre).
- this includes cleaners, catering, and support staff but does not include office-based staff members who do not enter these settings.
- in the context of an individual's own home (including sheltered or very sheltered housing), staff includes those who provide care or support to the individual such as

those staff working in care at home and personal assistants but not for example maintenance staff.