



ANDERIDA ADOLESCENT CARE

CORONAVIRUS POLICY/BUSINESS CONTINUITY PLAN

Please see updates at the bottom of this policy

Anderida take the spread of the Covid-19 virus seriously and will undertake all practicable measures to ensure the reduction in the spread of this, however, we take our responsibility for the care of the young people that we care for with equal importance and will encourage proportionality in any responses in order to reduce staff absenteeism and the risk of infection.

Staff Wellbeing

At Anderida, we understand this is a stressful time for everyone and as well as looking after our Young People, we need to be taking care of ourselves especially at this difficult time.

To this end all staff will be able to access Andrew Chalk – as a safe space to talk, or for 1-1 sessions over the phone or via zoom.

Risk Management

Anderida Adolescent Care, will endeavor to manage the risk or possible impact of Coronavirus by taking the following precautions within the homes and Head Office to ensure minimum disruption to the service we offer:

- Encourage good hygiene in all settings, as per government guidelines.
- Ensure sufficient personal, food and cleaning items are available for both staff and residents without 'panic buying' or overstocking.
- Stringent housekeeping measures to be put into place in all settings.
- Identify with the Local Authorities if any young person is able to be cared for by family members or significant others, should the need arise due to significant staff shortages. Some Local authorities have a designated email address and phone number which is to only be contacted with concerns regarding Coronavirus. Please see 'Contact Information' at the end of this document for this information, if relevant to the young person.
- Look at variations on registration, staffing ratios and new recruits if necessary.
- Discourage all staff members from travelling abroad or attending large gatherings e.g., sporting events, conferences, etc, and observe social distancing guidance when out in the community.
- Encourage all stay two metres away from others. Where you cannot stay 2 metres apart you should stay more than 1 metre apart, as well as taking extra steps to stay safe. For example:

move outdoors, where it is safer and there is more space. If indoors, make sure rooms are well ventilated by keeping windows and doors open and individual are wearing appropriate PPE.

- Some external and internal meetings where possible will be held remotely via conference call, wherever there are covid concerns (e.g., contact with a positive case).
- Training will take place in small groups or well-ventilated rooms. Those who have not been immunised or may have had a close contact with a positive covid case will be asked to wear full PPE.
- Office based staff and care staff may undertake administration tasks at home when there are covid concerns.
- Mentors not to come into the Head Office, unless necessary, to reduce footfall.
- Consultation with staff members around any symptoms to support their decision making in assessing risk.
- Consider alternative environments temporary homes for young people should they need to be separated.
- If a young person becomes unwell, we are still required to care for them as a parent would, but we would ask the child to isolate in their room. We would then provide provisions from outside their room. It is likely we would consider redeploying more vulnerable staff e.g., staff over the age of 60 and staff with already underlying health concerns, to work with non-symptomatic young people.

All Employees to Adhere to the Following and Actively Encourage all Young People to do the same

- Always carry tissues with you and use them to catch your cough or sneeze. Then bin the tissue, and wash your hands, or use a sanitiser gel.
- Wash your hands often with soap and water, especially after using public transport. Use a sanitiser gel if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are unwell.
- Residents' clothes, linen and soft furnishings should be washed on a frequently and all areas sterilized if they show the symptoms of Covid-19.
- No sharing of hand towels or any other towel.
- A minimum of daily cleaning of hard surfaces such as furniture, kitchen worktops, door handles, cupboards, and bathrooms, with an anti-bacterial cleaner is required.
- Be mindful of panic responses if potential contact with someone with the symptoms, or who has been asked to isolate. Panic increases risk for all involve.
- Try to face covering: on public transport and in many indoor spaces.

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- Avoid using toilets in other people's home (outside of your support bubble) or public, wherever possible and wipe down surfaces as frequently as possible.
- Using disinfectant, wipe down any surfaces or door handles people from outside of your household or support bubble come into contact with if walking through your home.
- Avoid sharing plates and utensils with people outside of your household or your support bubble.
- Avoid using paddling pools or other garden equipment with people outside of your household or bubble.

Staffing

- Anderida will work across all homes to develop a list of staff including bank staff, that are able to cover rostered staff absences.
- Scotland placements will be carefully considered, in order to ensure optimum staffing levels are available.
- Liaise with the Local Authorities regarding support staff and agency workers that they can access in light of the government guidance that employees must isolate.
- Liaise with Ofsted regarding flexibility on recruitment checks if staffing falls below manageable ratios.
- Look at staffing ratios for young people and where it could be risk assessed and reduced on a daily by day basis.
- In advance of identifying any potential need, we have established availability of agency staff with enhanced DBS who are equipped to work with young people in the local area.
- As a last resort, use available agency staff as above.
- In the event of school closures, Anderida will make reasonable adjustments to staff's working hours in order that both their personal children and the children at Anderida are cared for appropriately.
- Anderida will ask staff to undertake block working to cover colleagues who may have to self-isolate.
- Anderida will require the workforce to remain flexible to meet the needs of clients and service and support colleagues to be able to isolate if necessary.
- Should staff suspect that they have been in contact with a diagnosed case of coronavirus, they must immediately inform Kerry Shoesmith and senior management so that any necessary, sensible, and proportionate precautions can be taken.
- Should staff develop a new persistent cough/fever or shortness of breath, they must immediately contact Kerry Shoesmith and senior management, stay indoors, and avoid contact with other people as advised.

- Should staff develop any other symptoms of being unwell even if not the key covid symptoms outlined above, they should ensure they inform Kerry in advance of coming into work
- If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves or were exposed face on for a minute or more within 1 meter. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell with symptoms consistent with coronavirus infection.
- It is not necessary to close the business or workplace or send any staff home unless government policy changes. Keep monitoring the government response page for the latest details. As a care agency, it is extremely unlikely this action will be taken for our service.
- Inform Health England for full advice and support.

Symptoms

The most common symptoms of coronavirus (COVID-19) are recent onset of:

- New continuous cough – continuous cough is being defined as a cough that is not your usual cough and goes on consistently for hour long periods, for 3 or more hours over a 24-hour period. These could be separate hours.
- High temperature.
- Change in, your normal sense of taste or smell (anosmia).

For most people, coronavirus (COVID-19) will be a mild infection.

As there is currently no vaccine to prevent Covid-19, the best way to prevent infection is good hygiene practices and to avoid being exposed to the virus. As Government advice is evolving daily – all senior personnel are expected to keep themselves apprised of current guidelines and disseminate this amongst the team.

Key things to remember:

- You should self-isolate if you are showing the symptoms of a continuous cough, loss of taste or smell or a high temperature (over 37.8), or if someone in your household shows the symptoms.
- You should undertake a precautionary test if you have any cold symptoms e.g., a sore throat or been in not close contact with anyone who is displaying symptoms. We have lateral flow tests at our head office to do this with some immediacy and rule out Covid -19 in advance of exposing others.
- Anyone who displays symptoms should discuss their symptoms with 111 and take advice. They must also arrange to have a test to check if they have coronavirus. If they test negative, they and their household contacts can end their self-isolation. They must also inform Kerry Shoesmith Covid lead for the organization.

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Isolation due to you having the Symptoms or Someone in your Home Developing the Symptoms

- If you live alone and you have symptoms of coronavirus illness (COVID-19), however mild, you need to isolate and book a test. If this test is negative, you can return to work. If positive stay at home for **10 days** from when your symptoms started.
- If you live with others and you are the first in the household to have symptoms of Coronavirus, you need to isolate and book a test. If this test is negative, you can return to work. If positive then you must stay at home for **10 days**, all other household members who remain well, must stay at home, and not leave the house for **10 days**. The 10-day period starts from the day when the first person in the house became ill.
- For anyone else in the household who starts displaying symptoms, they need to isolate and book a test. If this test is negative, you can return to work. If positive stay at home for 10 days post, them developing symptoms. They need to stay at home for **10 days** from when the symptoms appeared, However, if during the 10 period you develop symptoms the 10 days starts again.
- If you have been vaccinated with a COVID-19 vaccine, you are less likely to catch COVID-19, and to become severely ill if you do catch it. You are also less likely to spread COVID-19 to other people, but it is still possible for this to happen. From 16 August, if you are a contact of someone who has COVID-19 and you are fully vaccinated, or aged under 18 years 6 months, you will not be required to self-isolate.
- You will not be required to self-isolate if you live in the same household as someone with COVID-19 and any of the following apply:
 - you are fully vaccinated
 - you are below the age of 18 years 6 months
 - you have taken part in or are currently part of an approved COVID-19 vaccine trial
 - you are not able to get vaccinated for medical reasons
 - Fully vaccinated means that you have been vaccinated with an MHRA approved COVID-19 vaccine in the UK, and at least 14 days have passed since you received the recommended doses of that vaccine.
 - NHS Test and Trace will contact you to let you know that you have been identified as a contact and check whether you are legally required to self-isolate. If you are not legally required to self-isolate, you will be provided with advice on testing and given guidance on preventing the spread of COVID-19. Even if you do not have symptoms, [you will be advised to have a PCR test as soon as possible](#).
 - You should not arrange to have a PCR test if you have previously received a positive PCR test result in the last 90 days, unless you develop any new symptoms of COVID-19, as it is possible for PCR tests to remain positive for some time after COVID-19 infection.

- Even if you are vaccinated, you can still be infected with COVID-19 and pass it on to others. If you are identified as a contact of someone with COVID-19 but you are not required to self-isolate, you can help protect others by following the [guidance on how to stay safe and help prevent the spread](#). As well as getting a PCR test, you may also consider:
- limiting close contact with other people outside your household, especially in enclosed spaces
- wearing a face covering in enclosed spaces and where you are unable to maintain social distancing
- limiting contact with anyone who is clinically extremely vulnerable
- taking part in twice weekly [LFD testing](#)

This advice applies while the person in your household with COVID-19 is self-isolating.

If you are a health or social care worker who has been identified as a household contact and are exempt from self-isolation, there is additional guidance below that you should follow to reduce the risk of spread of COVID-19 in these settings.

Children and young people aged under 18 years 6 months who usually attend an education or childcare setting and who have been identified as a close contact should continue to attend the setting as normal. They do not need to wear a face covering within the setting, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

The majority of fully vaccinated health and social care staff will be able to continue in their usual role. The following apply to staff returning to work following this exemption:

- the staff member should not have any [COVID-19 symptoms](#)
- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative
- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
- if the staff member works with patients or residents who are highly vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during their 10-day self-isolation period

There may be additional mitigations put in place by employers in different settings for fully vaccinated staff who are identified as a contact. Refer to organisational guidance as necessary.

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If an unvaccinated or partially vaccinated staff member is identified as a contact of a COVID-19 case

If an unvaccinated or partially vaccinated staff member is notified as a contact of a COVID-19 case, by NHS Test and Trace or their workplace, they must self-isolate as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).

If they are unvaccinated and are exempt from self-isolation, they should not attend work, or should be redeployed for the period of time they would be required to self-isolate. If staff are to be redeployed, they should comply with the mitigations outlined above.

If your PCR test result is negative, you should still stay at home and self-isolate to avoid putting others at risk, unless you are not required to do so. This is because you could still become infectious during the 10-day isolation period.

If your PCR test result is positive, follow the advice for people with COVID-19 to stay at home and start a further full 10-day isolation period, regardless of where you are in your original 10-day isolation period. This means that your total isolation period will be longer than 10 days.

Visitors to the household.

Do not invite or allow social visitors to enter your home, including friends and family. If you want to speak to someone who is not a member of your household, use the phone, email or social media.

All non-essential in-house services and repairs should be postponed until the self-isolation period is completed.

If you are clinically extremely vulnerable

If you are clinically extremely vulnerable, you could be at higher risk of severe illness from coronavirus.

If you are clinically extremely vulnerable, you are no longer advised to shield. However, you should continue to follow the [guidance for people who are clinically extremely vulnerable](#) and are advised to continue taking extra precautions to protect yourself. It is important that you continue to keep the number of social interactions that you have low and try to limit the amount of time you spend in settings where it is difficult to maintain social distancing.

Asymptomatic testing

Rapid lateral flow testing is now available free to anybody without symptoms. You can get your tests from pharmacies, testing sites, employers, schools, colleges and universities.

[Find out more about how to get rapid lateral flow tests](#)

Testing before any work activities is essential for all care staff and twice weekly for office staff COVID-19, reducing the risk to those around you.

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If you test positive you must not come to work and inform Kerry Shoesmith who will discuss what else needs to happen. If you test negative but have symptoms you should continue to [get a PCR test](#).

If you are clinically extremely vulnerable or live with someone who is clinically extremely vulnerable

If you have been identified as [clinically extremely vulnerable](#) then you should continue to work from home where possible. If you cannot work from home, you can go to your workplace. Your employer is required to take steps to reduce the risk of exposure to COVID-19 in the workplace and should be able to explain to you the measures they have put in place to keep you safe at work. Some employers may introduce regular testing of employees as part of these measures. You may also want to consider how you get to and from work, for example, if it is possible to avoid using public transport during rush hour.

If you live with someone who is clinically extremely vulnerable, then you can continue to go to work.

You should follow the guidance on [how to stop the spread of coronavirus](#), including what to do to reduce your risk of catching or passing on the virus at home.

Going to school or college

School pupils and students in further education should go to school and college.

All schools, colleges and other further education settings are open for face-to-face teaching during term time. It remains very important for children and young people to attend, to support their wellbeing and education and to help working parents and guardians.

Clinically extremely vulnerable pupils and students should go to school or college.

There is further guidance on [what parents need to know about early years providers, schools and colleges during COVID-19](#).

Rapid lateral flow testing is now available for free for everyone in England. It is recommended for all secondary school pupils and college students, their families and all school and college staff.

See the [guidance on how you can get regular rapid tests if you do not have symptoms of coronavirus \(COVID-19\)](#).

Universities and higher education

There is [guidance for universities and students starting and returning to higher education](#).

Students should follow the [guidance on how to stop the spread of COVID-19](#) at all times.

If you break the rules

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The police can take action against you if you meet in larger groups. This includes breaking up illegal gatherings and issuing fines (fixed penalty notices).

You can be given a fixed penalty notice of £500 for the first offence, doubling for further offences up to a maximum of £6,400.

You can be fined £800 if you go to a private indoor gathering such as a house party of over 15 people from outside your household, which will double for each repeat offence to a maximum level of £6,400.

If you hold, or are involved in holding, an illegal gathering of over 30 people, the police can fine you £10,000.

Care home visits

You should check the [guidance on visiting care homes during COVID-19](#) to find out how visits should be conducted. Residents must follow the national restrictions if they are having a visit out of the care home.

There is [separate guidance for people in supported living](#).

Travelling from England

Across the different parts of the Common Travel Area (the UK, the Republic of Ireland, Jersey, Guernsey and the Isle of Man), there may be rules in place that restrict travel from England. You do not need a reasonable excuse to leave England to travel to other parts of the UK, Jersey, Guernsey, the Isle of Man or the Republic of Ireland. You should check the restrictions in place where you intend to travel to before making arrangements to travel.

International travel

Travelling internationally from England

You can only travel internationally from England.

Some jobs qualify for exemptions for certain travel related requirements, such as self-isolation and testing. See [guidance on which jobs and circumstances qualify for travel exemptions](#).

We respectfully request that all staff thinking about taking holidays abroad check all the requirements and possible risks of having to isolate on return. It is not a good idea to visit other countries that have a high or variable covid infections.

[Find out more about the red list travel ban countries](#)

Everyone allowed to enter England who has visited or passed through a country where travel to the UK has been banned in the last 10 days must:

- quarantine for 10 days in a managed quarantine hotel
- take a coronavirus (COVID-19) test on or before day 2 and on or after day 8 of quarantining, the tests are included in the hotel package
- follow the guidance on this page

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[See the guidance on booking and staying in a quarantine hotel when you arrive in England](#) letting fresh air in, and [wearing a face covering](#).

Financial support

Wherever you live, you may be able to get financial help.

See further information on [business support](#) and [financial support if you're off work because of coronavirus](#).

Ofsted Inspections

Ofsted's regulatory role and work is continuing, and it has taken a range of actions to ensure that it is responding proportionately to the current context. Ofsted is providing regular updates to educational and children's social care settings and local authorities on its approach to key issues.

The suspension of the minimum intervals for inspection of children's homes, residential family centers, voluntary adoption agencies, adoption support agencies, fostering agencies and holiday schemes for disabled children will now continue until 31 March 2021.

During the period of continued suspension, Ofsted will conduct assurance visits determined using a risk-based approach in order to ensure that children's safety is a priority.

Ofsted will arrange visits based on the most recent inspection judgements, other information it holds about the provider, the amount of time since the last inspection and whether the provider is newly registered and therefore not yet been inspected.

The visits will evaluate:

- the experiences and progress of children and young people, taking into account the coronavirus (COVID-19) context.
- how well children and young people are helped and protected.
- the effectiveness of leadership and management, including arrangements to meet the needs of children as restrictions are eased.

During this period, if there are concerns raised about a provider, Ofsted retains the ability to maintain oversight and to undertake any necessary regulatory action.

Further information is available in Ofsted's guidance on social care common inspection framework and assurance visits. In addition, Ofsted will undertake focused visits to local authorities using the framework for inspecting local authority services (ILASC).

What to do if an Employee Becomes Unwell and Believe they have been exposed to COVID-19:

If staff, a member of the public or resident becomes unwell in the workplace, the unwell person should be removed to an area which is at least 2 meters away from other people. If possible,

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find a room or area where they can be isolated behind a shut door, such as a staff office. If it is possible to open a window, do so for ventilation.

The individual who is unwell, should go home as soon as is practicable and call NHS 111 from their mobile, or stay and 999 if an emergency (if they are seriously ill or injured or their life is at risk) and outline their current symptoms. If the person affected is not able for any reason to call NHS 111 themselves, then a staff member should call on their behalf.

Whilst they wait for advice from NHS 111 or an ambulance to arrive, they should remain at least 2 meters from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag then throw the tissue in the bin. If they do not have any tissues available, they should cough and sneeze into the crook of their elbow.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available. This will apply only to the period of time while waiting for transport to hospital.

What to do if Someone in the Office, Workplace or Residential Setting has had Contact with a Confirmed Case Of COVID-19:

Having had general contact should be reported to Kerry Shoesmith to undertake a risk assessment, you must also follow the advice of track and trace services.

Should there be a confirmed case of Coronavirus within the organisation (whether young people or staff member) Anderida will contact Kerry Shoesmith in the first instance and then local Public Health Department and Ofsted for advice.

If a resident develops symptoms and tests positive, whether they remain at the setting or not, you will need to identify other individuals in the 'household' who will need to self-isolate for 10 days these will be people who are not fully immunized or who also tested positive.

Supporting Workers Who Need To Self-Isolate

Employers should support workers who need to self-isolate and must not ask them to attend the workplace.

Workers will be told to isolate because they:

- have coronavirus symptoms and are awaiting a test result.
- have tested positive for coronavirus.
- Are not fully immunized and a member of the same household as someone who has symptoms or has tested positive for Coronavirus?
- Are not fully immunized and have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS Test and Trace.

Employers should continue to communicate with workers in self-isolation and provide support. This includes allowing people to work from home if they remain well and if it is practicable to do so. This might include finding alternative work that can be completed at home during the period of self-isolation.

If people cannot work from home, employers must ensure any self-isolating employee is receiving sick pay and give them the option to use their paid leave days if they prefer. Further guidance is available on what employees should do if they cannot work.

Employees in self-isolation are entitled to Statutory Sick Pay for every day they are in isolation, as long as they meet the eligibility conditions.

Guidance For Track And Trace

The NHS Test and Trace service forms a central part of the government's coronavirus (COVID-19) recovery strategy, which seeks to help the nation return to normal as soon as possible for as many people as possible, in a way that is safe and protects the NHS and social care sector.

This service will also play a vital role in providing an early warning if COVID-19 activity is increasing locally, regionally, or nationally. This information will then be used to inform the government's approach to stop the spread of the virus.

This guidance explains how employers and businesses can play their part in the NHS test and trace program to slow the spread of the virus, protect the health and care system and save lives.

This guidance should be used in conjunction with Working safely during coronavirus (COVID-19).

By following the Department for Business, Energy, and Industrial Strategy (BEIS) guidance, employers can reduce the risk of co-workers having to self-isolate if a member of staff tests positive for COVID-19.

This guidance is for England only. There are equivalent arrangements for Scotland, Wales, and Northern Ireland.

About The NHS Test And Trace Service

The NHS test and trace service:

- provides testing for anyone who has symptoms of coronavirus to find out if they have the virus.
- gets in touch with anyone who has had a positive test result to help them share information about any close recent contacts they have had.
- alerts those contacts, where necessary, and notifies them they need to self-isolate to help stop the spread of the virus.

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By following instructions to self-isolate, people who have had close recent contact with someone with coronavirus will be protecting their family, friends, colleagues and other people around them, and will play a direct role in stopping the spread of the virus.

Guidance For Employers:

The role of employers:

The NHS Test and Trace service will help to manage the risk of the virus re-emerging as restrictions on everyday life are eased, as far as it is deemed safe to do so.

It is vital that employers play their part by:

- making their workplaces as safe as possible
- encouraging workers to heed any notifications to self-isolate and supporting them when in isolation.

Although this may seem disruptive for businesses, it is less disruptive than an outbreak of COVID-19 in the workplace will be, and far less disruptive than periods in lockdown.

The NHS Test and Trace service are designed to support businesses and economic recovery by:

- providing testing for anyone who has symptoms of coronavirus, so that if they have been tested positive, they and their household member know to continue to self-isolate.
- helping to stop the onward spread of the virus in the workplace and wider society, so that fewer people develop coronavirus and have to self-isolate.
- enabling the government to go further in safely easing or lifting lockdown measures, as far as it is deemed safe to do so, thereby allowing the nation to return to normal as quickly as possible.

To facilitate the NHS Test and Trace service, employers should encourage workers to heed any notifications to self-isolate and provide support to these individuals when in isolation.

It is important the employers continue to protect the health and safety both of their workers and of other people who may be affected by their business, for example agency workers, contractors, volunteers, customers, suppliers, and other visitors.

To help employers, guidance has been developed on the 5 steps for working safely, along with sector-specific guidance.

It is important to follow this guidance to help to reduce the risk of a spread of infection in the workplace.

The NHS Test and Trace service does not change the existing guidance about working from home wherever possible. Supporting employers with a workplace outbreak:

If multiple cases of coronavirus appear in a workplace, an outbreak control team from either the local authority or Public Health England will, if necessary, be assigned to help the employer manage the outbreak. Anderida will seek advice from their local authority in the first instance.

Anderida Employees Responsibilities:

If you have been contacted by 'NHS Track and Trace' or you are concerned you have any symptoms or have been in contact with anyone who is presenting Covid like symptoms.

- Get immunised
- Inform Kerry Shoesmith
- Follow NHS advice (if they have contacted you through Track and Trace)
- Provide Anderida/Kerry a comprehensive list of everyone you have been in contact with at Anderida during the relevant period.
- Book a test immediately through <https://www.nhs.uk/ask-for-a-coronavirus-test> or by calling 119

Information for Employers On Reclaiming Statutory Sick Pay:

The NHS Test and Trace service will provide a notification that can be used as evidence that someone has been told to self-isolate.

An employee can ask to take their paid holiday for the time they are off work, entitling them to full pay for the duration of their leave, as opposed to Statutory Sick Pay, if they choose.

Contact Tracing- Contact With Co-Workers:

The NHS Test and Trace service will follow up with people who need to self-isolate because they have had close recent contact with someone, who might be a colleague, who has tested positive for coronavirus. It will do this through:

- Dedicated contact tracing staff
- Local public health experts
- Online services

When someone first develops symptoms and orders a test, they will be encouraged to alert the people that they have had close contact with in the 48 hours before symptom onset. If any of those close contacts are co-workers, the person who has developed symptoms should ask their employer to alert those co-workers.

At this stage, those close contacts should not self-isolate, but they:

- must avoid individuals who are at high-risk of contracting COVID-19, for example, because they have pre-existing medical conditions, such as respiratory issues.
- must take extra care in practicing social distancing and good hygiene and in watching out for symptoms.

- will be better prepared if the person who has symptoms has a positive test result and if they (the contact) receive a notification from the NHS test and trace service explaining they need to self-isolate.

If the person who has symptoms has a positive test result for COVID-19, the NHS Test and Trace service will ask them to share information about their close recent contacts.

If they work in or have recently visited or attended one of the following settings, the contact tracing process will be escalated to local public health experts, who will liaise as necessary with the manager of the relevant setting:

- A health or care setting, for instance a hospital or care home.
- A prison or other secure establishment.
- A school for children with special needs.
- Any setting where there is a risk of a local outbreak.

In other cases, any non-household contacts who need to self-isolate will be contacted by the NHS Track and Trace service. They will receive a formal notification (either a phone call, letter, email, or text message) setting out how long they need to self-isolate for.

Workers can use this notification to inform their employer that they have been told to self-isolate. Employers will need this evidence if they are going to claim a rebate for Statutory Sick Pay.

The period of self-isolation will be for 10 days from the point of most recent contact with the person who has tested positive for coronavirus.

Guidance For Workers

Self-Isolation

Workers who are self-isolating because they have symptoms of coronavirus or live with someone who has symptoms of coronavirus, can get an isolation note through NHS111 online.

Workers who are told to self-isolate should share the evidence provided by NHS Test and Trace to show that they have been told to self-isolate and explain to their employer that this means that they cannot come to work.

Workers who are already unable to work and have a 'fit note' which says they are not fit for work covering the period for which they have been told to self-isolate, must follow the public health advice they have been given.

Workers must self-isolate whenever they receive a notification from the NHS test and trace service asking them to do so. If this happens on multiple occasions, they should consider how you can better follow social distancing requirements.

Workers who think the contacts that have triggered these notifications are workplace contacts, should ask their employer to consider what further mitigating actions could be taken to reduce the risk of COVID-19, such as using screens to separate people or 'cohorting' to reduce the number of people each person has contact with.

See further suggestions in the safer workplaces guidance.

Government Guidance To Entitlements And Sick Pay:

- Those who follow advice to stay at home (either if they or a member of their household has been **advised by the NHS to self-isolate** and who cannot work as a result) will be eligible for statutory sick pay (SSP), even if they are not themselves sick. **They will not be entitled to full company sick pay if they are not themselves sick.** They will be able to get an Isolation Note as proof that they need to stay off work for either the 10 days (if they live alone) or the 14 days if in a household of more than one.
- The current rate for SSP is £94.25 per week – this is payable from day one.
- Companies are entitled to ask staff to consider using paid holiday if they are isolating due to a member of their household being told by the NHS to self-isolate, (if they have enough entitlement), otherwise they will be paid SSP. They are not entitled to ask staff to use holiday pay to cover a period of sickness when they themselves have been advised to self-isolate.
- Companies are also entitled to request/expect that staff in the high-risk category work from home if their duties will allow this.
- Employees are entitled to time off work to help someone who depends on them (a 'dependent') in an unexpected event or emergency.
- This would apply to situations related to coronavirus (COVID-19). For example:
 - If they have children, they need to look after or arrange childcare for because their school has closed.
 - To help their child or another dependent if they are sick or need to go into isolation or hospital.
- At present there is no statutory right to pay for this time off.
- Anyone not eligible to receive sick pay or SSP, including those earning less than an average of £118 per week, is able to claim Universal Credit and or contributory Employment and Support Allowance.
- For those on a low income and already claiming Universal Credit, it is designed to automatically adjust depending on people's earnings or other income. However, if someone needs money urgently, they can apply for an advance through the journal.

Guidance For LAC

Principles

The difficult and complex decisions that need to be taken during this period should be made in the spirit of the following principles:

- child-centered - promoting children's best interests: nothing is more important than children's welfare; children who need help and protection deserve high-quality and effective support as soon as a need for help is identified.
- risk-based - prioritising support and resources for children at greatest risk
- family-focused - harnessing the strengths in families and their communities.
- evidence-informed - ensuring decisions are proportionate and justified.
- collaborative - working in partnership with parents and other professionals.
- transparent - providing clarity and maintaining professional curiosity about a child's wellbeing.

Duties in Primary Legislation are Unchanged.

The duties to our most vulnerable children and young people that are set out in primary legislation (such as in section 22(3) of the Children Act 1989 and section 1 of the Adoption and Children Act 2002 and section 11 of the Children Act 2004) remain in place and local authorities and other bodies must continue to comply with these duties. This guidance and the secondary legislative changes that came into force on 25 September seeks to respond to the challenging context that coronavirus (COVID-19) poses to the normal operation of services.

This guidance should be read alongside existing primary legislation and regulations. You should also read relevant statutory guidance including working together to safeguard children, and:

- Volume 1 - Children Act 1989: court orders.
- Volume 2 - Children Act 1989: care planning, placement and case review.
- Volume 3 - Children Act 1989: transition to adulthood for care leavers.
- Volume 4 - Children Act 1989: fostering services.
- Volume 5 - Children's homes regulations, including quality standards: guide.

Care Leavers – Last Updated 02.12.20

Responsibilities to Care Leavers

We recognize that care leavers are a particularly vulnerable group of young people. Coronavirus (COVID-19) heightens this, because care leavers may be financially vulnerable and at risk of increased levels of anxiety and isolation.

Local authorities must continue to meet their statutory responsibilities towards care leavers, such as providing personal advisers, or preparing and reviewing pathway plans. Personal advisers should proactively reach out to care leavers during the pandemic, including care

leavers aged over 21 who are eligible for support up to age 25, but who were not accessing support before the pandemic.

Local authorities should be clear about what additional support is available to care leavers - over and above their existing published local offer - to help them overcome any additional challenges they face due to coronavirus (COVID-19), including access to discretionary funding if needed.

The government has provided additional funding for local authorities to help them address pressures arising from coronavirus (COVID-19). We would encourage local authorities to utilize some of this funding to provide discretionary payments to care leavers to cover items such as food, utilities and rent during this period if required.

Given the financial vulnerability of many care leavers during this period, local authorities should make arrangements for discretionary payments to be authorised and paid to care leavers at short notice if necessary and with minimal administrative burdens. Other forms of financial support for care leavers including setting up home allowances should continue to be available during the coronavirus (COVID-19) pandemic.

Independent living

Young people who have left care, or are just about to, are especially vulnerable right now. All decisions about their future should be carefully considered in the light of the pandemic and with an overriding objective of supporting them during this period and minimising any additional stress for them. In particular, we expect local authorities to take account of coronavirus (COVID-19) when making decisions about leaving care, and to ensure that no one has to leave care during this period. As set out in regulation 39 of the Care Planning, Placement and Case Review (England) Regulations 2010, when considering ceasing to look after a young person, local authorities should carry out an assessment, including ascertaining and giving consideration to the young person's wishes and feelings. The same principle should apply to young people who are in staying put arrangements and in relation to decisions about care leavers who were due to make a planned move into new accommodation.

While young people will still be able to move out of care into suitable accommodation, where this happens the move should be right for that young person and take account of their wishes and feelings. Care leavers can also be moved between different accommodation settings, provided that the move is in accordance with the wishes of the young person and that the local authority is assured that the setting they are moving into is safe in relation to risk factors arising from coronavirus (COVID-19).

Loneliness and Isolation of Care Leavers – Last Updated 02.12.20

During the summer term, devices were provided to local authorities and academy trusts to support families, children and young people most in need who did not have access to them through another source, such as their school. Laptops, tablets and 4G wireless routers were provided for care leavers, children and young people with social workers and disadvantaged year 10 pupils.

The government has published guidance on supporting children and young people's mental health and wellbeing. We have also provided funding for 3 care leaver charities (Become, Drive Forward Foundation and the Care Leaver's Association) to provide extra support to help care leavers to reduce loneliness and isolation and their impact on young people's emotional health and well-being.

Court Orders Related to Contact for Children in Care – Last Updated 02/12/20

We expect that contact between children in care and their birth relatives will continue. It is essential for children and families to remain in touch at this difficult time, and for many children, the consequences of not seeing relatives would be traumatic. We expect the spirit of any court-ordered contact in relation to children in care to be maintained. However, there may be local or individual circumstances where face-to-face contact may not be possible, including where members of households are isolating or continuing to take precautions due to clinical vulnerability.

Contact arrangements should, therefore, be assessed on a case by case basis taking into account a range of factors, including the government's current social distancing guidance and guidance on meeting people outside your household and the needs of the child.

Under the current provisions for social distancing, there are exceptions for the purposes of arrangements for access to, and contact between, parents and children where the children do not live in the same household as their parents or one of their parents. There is also an exception to allow for contact between siblings when they don't live together and one or more of them is a looked after child or a 16- or 17-year-old care leaver. However, the 6-person limit will apply to meetings with other relatives. Therefore, it may be necessary for children and other friends and family to make alternative arrangements.

Where it is not possible for the usual face-to-face contact to happen, keeping in touch will need to continue to take place virtually. We would encourage social workers and other professionals to reassure children that this position is temporary. We would also expect foster parents and other carers to be consulted on how best to meet the needs of the children in their care and to be supported to facilitate that contact.

We recognize that some young children may not be able to benefit from virtual contact with their family, because of their age or other communication challenges. In these circumstances, local authorities should work with families to ensure that they can have safe face-to-face interactions, whilst still adhering to social distancing guidance or restrictions.

When considering the most appropriate ways for children to stay in touch with their families, social workers and carers should seek the views of children who may welcome different forms of contact, including less formal and more flexible virtual contact with their birth families.

Residential Family Centres – Last Updated 02.12.20

Face-To-Face Contact in Residential Family Centres

Updated KS 02.09.21

Updated KS 07.12.21

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The temporary regulations allow interviews with residents and staff at the residential family centre that are carried out by the registered provider in accordance with regulation 25(4)(a) of the Residential Family Centres Regulations 2002 to take place over the telephone, a video link or via other electronic communication methods.

The use of virtual interviews should be the exception and can be used as a result of public health advice or when it is not reasonably practicable to have a face-to-face visit otherwise for a reason relating to the incidence or transmission of coronavirus (COVID-19). This could include in the event of local restrictions, self-isolation or social distancing advice due to coronavirus (COVID-19).

All uses of this temporary flexibility must be recorded, for example in individual case records, and those records should include the reasons why a virtual interview was necessary. Providers may also find it helpful to keep a separate collated record of in which cases the flexibility has been used.

Residential Provision: Children’s Homes, Residential Schools Registered As Children’s Homes, And Foster Care – Last Updated 02/12/20

Keeping Residential Settings Safe from Coronavirus (COVID-19)

Local authorities and providers can refer to:

- safe working in education, childcare and children’s social care settings, including the use of personal protective equipment (PPE)
- NHS Test and Trace service in the workplace

In considering how to keep residential settings safe from coronavirus (COVID-19) providers should recognize:

- that children may be feeling anxious as their normal routines are disrupted and they may have less or limited contact with their family, friends and people who are important to them.
- that staff are working under challenging conditions and support them to continue to deliver the most appropriate care that they can. This could, for example, include, if possible, reducing the number of hours staff work in one shift, or providing more time away from the home.
- the need to follow any social distancing guidelines where feasible and possible. Where possible, staff should ensure that food and other essential items are delivered. Within the home, frequently touched surfaces, including bathrooms, toilets and kitchens should be cleaned more often, and everyone should carry out more frequent handwashing. Towels used for hand-drying should be regularly changed.

Where a provider has an immediate or impending staffing shortage, which may lead to the closure of a home, they should discuss that as a matter of urgency with the relevant placing local authorities. Ofsted should also be notified, and they may share this information with DfE.

Social workers or police needing to visit a setting and investigate child protection concerns should make a judgement about visiting that balances considerations of the:

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- risks to children and young people
- risks to families
- risks to the workforce
- guidance on social distancing and hygiene
- statutory responsibilities, including safeguarding.

Effective quality assurance checks and visits should continue to be carried out, to ensure that the care provided is safe and staff feel supported. Independent person visits under regulation 44 of the Children's Homes (England) Regulations 2015 and face-to-face contact with families are still permitted and should still be prioritised. The use of virtual visits should be the exception and can be used as a result of public health advice or when it is not reasonably practical to have a face-to-face visit. Any activity carried out remotely should be recorded.

Restricting A Child's Movements If They Become Symptomatic or are Confirmed as having Coronavirus (COVID-19)

Anyone in England and Wales who has symptoms of coronavirus (COVID-19), can now ask for a test to check if you have coronavirus through the NHS website.

If it is suspected or confirmed that a young person in residential care has become infected with coronavirus (COVID-19), it will be necessary for them to self-isolate.

If a child in a residential care home develops symptoms of coronavirus (COVID-19):

- staff can continue to enter and leave the home as required, but consistent staff rotas should be used where possible, and staff should follow infection control procedures.
- staff should wear PPE for specific activities requiring close contact - please be mindful that wearing a face covering may inhibit communication with people who rely on lip reading, facial expressions and clear sound
- staff should adhere to social distancing guidelines as far as they are able to but should take account of children's emotional needs.

Local authorities and providers should discuss the care planning arrangements to determine whether the child can be safely cared for at their home (the children's home), or whether alternative arrangements are required, for example, a temporary move to alternative provision, or a move of other children who are well to an alternative temporary placement. In all cases, we would hope that this could be done with the co-operation of the young person and their understanding of the significant risk of spreading infection.

Stability for children is paramount at this time, and we encourage providers to prioritise this when making decisions about whether symptomatic children should be moved. We are clear that a temporary move to an alternative placement should only ever be considered as a last resort. However, we understand that there may be significant health concerns relating to a symptomatic child or to another child in the home.

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As far as possible, arrangements for restrictions should be put in place with the consent of the young person and all professionals involved in the care of the young person are encouraged to explain how and why the temporary restrictions are being applied. The restrictions should last for no longer than is necessary and must be kept under careful and constant review.

If the young person refuses to follow sensible public health guidance, as a last resort, advice can be sought from Public Health England (PHE) on the possibility of imposing restrictions on an individual who is potentially infectious under the Coronavirus Act 2020. This gives Public Health Officers power to impose proportionate requirements (including screening and isolation) on any person suspected or confirmed to be infected with coronavirus (COVID-19). Children and young people have the power to appeal the decision and should be given information about accessing advocacy support.

If decision makers agree that there is no alternative and the proposed restrictions are necessary and proportionate, then contact should be made with local health protection teams.

Contact information can be found at [find your local health protection team in England](#).

Virtual Visits - Children's Homes

The temporary regulations allow meetings taking place under regulation 22(1) of the Children's Homes (England) Regulations 2015 to take place over the telephone, a video link or other electronic means. Suitable facilities are to be made available within the children's home to enable such private meetings to take place.

As good practice, children and young people should be told why a face-to-face visit is not possible and be advised of their right to advocacy.

The use of virtual visits should be the exception and can be used as a result of public health advice or when it is not reasonably practicable to have a face-to-face visit otherwise for a reason relating to the incidence or transmission of coronavirus (COVID-19). This could include in the event of local restrictions, self-isolation or social distancing advice due to coronavirus (COVID-19).

All uses of this temporary flexibility must be recorded, for example in individual case records, and those records should include the reasons why a virtual visit was necessary. Providers may also find it helpful to keep a separate collated record in which cases the flexibility has been used.

Managing A Young Person's Behavior If They Are Not Complying With Social Distancing Guidelines In Residential Provision (Children's Homes And Foster Care)

We appreciate how difficult understanding and following social distancing guidelines can be for children. If a young person is not complying with social distancing guidelines, the response should be considered on a case-by-case basis. In the first instance, we would encourage those

who know these young people best, to continue to engage with them on this issue, including residential care staff, foster carers or social workers.

Where this is a persistent problem for those responsible for the child or young person, they should discuss with the child's responsible authority to develop a plan to encourage the child to comply. Providers should also support those who are caring for the child to find alternative ways and/or incentives to encourage children to comply with the overall restrictions in place at the time. Restraint should not be used to ensure children and young people comply with social distancing measures.

Ofsted has published guidance about physical intervention and restrictions of liberty.

Social Worker Visits

Children and families may feel anxious about infection risks. Where this is the case and families are reluctant to engage with social workers, social workers should explain why it is essential that they have access to the home, or that they see and speak to the children, to ensure they are safe and well. Visits should be face-to-face where possible and should be sufficient to meet the intended purpose of the visit whether that is safeguarding or promotion of the child's welfare.

Social workers should consider the different needs of babies and young children, as well as disabled children, who may not have verbal communication abilities.

It is also important to note that existing general duties on local authorities under section 17 of the Children Act 1989 in relation to safeguarding and promoting the welfare of children in need in their area remain unchanged. This is also the case for duties under section 47 of the same Act as regards investigating cases where the local authority has cause to suspect that a child is suffering or is likely to suffer significant harm.

PPE Equipment For Children's Social Care Staff

Guidance for infection prevention and control in children's social care settings, including the specific circumstances where PPE should be used, can be found in the guidance on safe working in education, childcare and children's social care settings.

Guidance updates 07.12.2021:

Testing for children's home staff and foster carers

Read the [use of personal protective equipment \(PPE\) in education, childcare and children's social care](#) for guidance on infection prevention and when staff should use PPE.

Staff working in open and secure children's homes, and foster carers, should continue testing twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.

Read the guidance on [regular rapid COVID-19 tests if you do not have symptoms](#).

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Lateral flow devices (LFD) are for testing asymptotically only. If you are symptomatic, you should immediately self-isolate, following [national guidance](#) and book a PCR test.

Visitor testing

To support face-to-face visits in children's homes visitors should continue testing twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.

Tracing close contacts and isolation

Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:

- they are fully vaccinated
- they are below the age of 18 years and 6 months
- they have taken part in or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a [PCR test](#). We would encourage all individuals to take a PCR test if advised to do so.

Children's homes, residential special schools and colleges, and other mainstream boarding schools, 16 to 19 academies and residential further education (FE) providers are usually considered as 'households' for the purposes of the [household self-isolation policy](#).

Staff who do not need to isolate, and children and young people aged under 18 years 6 months who have been identified as a close contact, should continue to receive education as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

If there are unvaccinated clinically vulnerable children within your setting, following the identification of a close contact you may wish to consider temporary additional protective measures whilst waiting for the outcome of any PCR test. These could include the identified close contact wearing a face covering (unless exempt), limiting contact and mixing with those identified as clinically vulnerable, and increasing hygiene and cleaning routines. Those identified as a close contact should also continue to engage with regular LFD testing if they are able. Any decision to take additional precautions should be based on the specific circumstances of the individual close contact and the clinically vulnerable children and young people within the setting, and you should weigh up the impact additional precautions may have on education and wellbeing.

No child living in the setting should be denied education based on their compliance with any additional precautions.

Health professionals attending your setting may be following slightly different guidance from UKHSA if they are identified as a close contact due to their wider work in settings with clinically extremely vulnerable people.

18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

If you have been informed that you are a contact of someone who has been identified as a suspected or confirmed case of the Omicron variant of COVID-19, these conditions do not apply, and you must stay at home and self-isolate. NHS Test and Trace will contact you if this is the case.

There is no requirement for fully vaccinated staff, children or young people under the age of 18 years 6 months, regardless of their vaccine status, to self-isolate whilst awaiting the results of the PCR test and individuals should attend education or childcare as usual.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see [stepping measures up and down guidance](#) for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures. See the [use of personal protective equipment \(PPE\) in education, childcare and children's social care](#), for more information about how to manage outbreaks in children's homes.

For most settings, it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the [contingency framework](#).

Risk management of visits

In both open and secure children's homes, face-to-face contact with families and professionals has always been allowed.

It is not a legal requirement that visitors be tested on entry before each visit, but the introduction of [access to universal rapid testing](#), particularly for non-professional visitors will help support risk management in settings and provides added assurance when visits are conducted in the home. Children's home managers should also consult guidance on [infection prevention and control measures](#) to further mitigate risks.

Whilst mitigation of infection risks helps support visits, children's home managers should also be mindful of those groups who, on advice from UKHSA, should not visit. These include individuals who have tested positive for COVID-19, are showing symptoms and individuals quarantining after returning to the UK from a red-list country.

Action prior to receiving visitors

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All visitors should be encouraged to access a test via the [universal testing offer](#) or another relevant testing route.

Visitors should also be encouraged to arrange their test on the day of their visit, prior to arrival at the home. It is the responsibility of the visitor to administer the test and upload their results to the [NHS COVID-19 test results portal](#).

All visitors are encouraged to test before they visit but children's care home managers cannot ask visitors to provide proof of a negative test result to gain entry.

Children's home managers do have the discretion to deny visits in certain circumstances, if they consider it would be unsafe for a face-to-face visit to go ahead. Visits should not be prevented from taking place where the visit would be beneficial to the child, or there if there is a legal obligation for the visit to take place.

What has changed

This guidance has been updated to reflect changes to self-isolation requirements for contacts of people who have been identified as a suspected or confirmed case of the Omicron variant of COVID-19. These contacts must stay at home and self-isolate even if they are fully vaccinated or aged under 18 years and 6 months. As with other contacts required to self-isolate, they must complete their full isolation period even if they receive a negative test result during this period. The public health advice for people with symptoms of, or a positive test result for COVID-19 remains the same for everyone.

Face Masks

In England, face coverings must now be worn in shops and shopping centres, in transport hubs and on public transport – see [When to wear a face covering](#).

In other indoor settings where a face covering is not legally required, you should still continue to wear a face covering in crowded and enclosed spaces where you may come into contact with other people you do not normally meet.

Some people, including children under 11, are exempt from having to wear face coverings in any setting. Furthermore, anyone with a health condition or disability, which means they cannot wear a face covering, has a reasonable excuse for not wearing a face covering.

These changes apply to England only. You can find out more about the different rules across the UK on the relevant websites of the relevant nation.

Updates as per 29.12.2021:

If a staff member is identified as a contact of a COVID-19 case

If a staff member is providing care to or is in close contact with an individual with SARS-CoV-2 infection and is wearing the correct PPE appropriately in accordance with the [UK IPC guidance](#)

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and [How to work safely guidance](#), they will not be considered as a contact for the purposes of contact tracing and isolation. This applies regardless of the vaccination status of the staff member or the circulating variant of SARS-CoV-2.

If there has been a breach of recommended PPE during the care episode then the staff member would be considered a contact and should follow the advice below.

In non-patient facing areas, IPC precautions may unintentionally be less stringently adhered to – if IPC precautions have been compromised, or PPE has been worn incorrectly or breached, the staff member should be considered a contact and follow the advice below.

Exemptions from self-isolation if a staff member is fully vaccinated (14 days after having received 2 doses of an approved vaccine such as Pfizer-BioNTech, AstraZeneca or Moderna/Spikevax) or one dose of the single-dose Janssen vaccine) and is identified as a contact of a case

Staff members notified that they are a contact of a COVID-19 case are not required to self-isolate if they are fully vaccinated. They should inform their line manager or employer immediately if they are required to work in the 10 days following their last contact with a COVID-19 case.

If the staff member develops symptoms of COVID-19 during this period, follow the guidance in [section 2.1](#).

The majority of fully vaccinated health and social care staff will be able to continue in their usual role. The following apply to staff returning to work:

- the staff member should not have any [COVID-19 symptoms](#)
- the staff member should not have [any travel related isolation requirements](#)
- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests for this purpose
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative
- the staff member should comply with all relevant infection control precautions and PPE should 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 during the 10 days following their last contact with the case

If any of the above cannot be met, the staff member should not come to work and should follow the [stay at home guidance](#) for the full 10-day period.

If an unvaccinated or partially vaccinated staff member is identified as a contact of a COVID-19 case

Updated KS 02.09.21

Updated KS 07.12.21

Updated KS 29.12.21

If an unvaccinated or partially vaccinated staff member is notified as a contact of a COVID-19 case, by NHS Test and Trace or their workplace, they must self-isolate as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).

If a staff member is unvaccinated and is exempt from self-isolation in the community they should not attend work or should be redeployed for the period of time they would be required to self-isolate. If a staff member is to be redeployed, they should comply with the mitigations outlined in 2.5.1.

If they develop symptoms of COVID-19 during this period, they should follow the guidance in [section 2.1](#).

If a staff member receives a positive SARS-CoV-2 PCR test result

If a staff member receives a positive SARS-CoV-2 PCR test result, they must complete a period of self-isolation. The isolation period includes the day the symptoms started (or the day their PCR test was taken if they do not have symptoms), and the next 10 full days.

Staff may be able to end their self-isolation period before the end of the 10 full days.

They can take an LFD test from the sixth day of their isolation period, and another LFD test on the following day. The second LFD test should be taken at least 24 hours later. If both LFD tests results are negative, they may end their self-isolation after the second negative LFD test result. They should not take an LFD test before the sixth day of their isolation period and should only end their self-isolation following 2 consecutive negative LFD tests which should be taken at least 24 hours apart.

Staff may then return to work if they meet the following criteria:

- the staff member should not have any [COVID-19 symptoms](#)
- the staff member should continue to undertake daily LFD tests for the remaining days of isolation period. For example, if the first LFD test was taken on the sixth day, and the second LFD test was taken on the seventh day, they should continue to take LFD tests on day 8, 9 and 10. If the first LFD test was taken on the seventh day and the second LFD test was taken on the eighth day, they should continue to take LFD tests on day 9 and 10
- if any of these LFD test results are positive the staff member should isolate and should wait 24 hours before taking the next LFD test
- if the LFD test is positive on the 10th day, daily LFD testing should continue, and the staff member should not return to work until a single negative LFD test result is received
- on days the staff member is working, the LFD 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

Any staff admitted to hospital with COVID-19 symptoms will be subject to the guidance for isolation for patients within [guidance for stepdown of infection control precautions and discharging COVID-19 patients](#).

If a staff member has a positive PCR or LFD antigen test and was asymptomatic when the test was taken

Staff who test positive for SARS-CoV-2 (either by PCR or a self-reported LFD test followed by PCR) and who were asymptomatic at the time of the test can return to work after their isolation period has ended ([follow the advice in section 2.2](#)) if they do not develop symptoms. However, if they develop symptoms during their 10 day isolation period, they will need to restart a new isolation period from the day of symptom onset and [follow the advice again in section 2.2](#).

Staff must self-report if they are isolating due to covid but are asymptomatic and then develop symptoms.

Other Helpful Information

Please also have a look at the links below, as they are most helpful:

10 tips to help if you are worried about coronavirus:

<https://www.nhs.uk/oneyou/every-mind-matters/coronavirus-covid-19-anxiety-tips/>

How to look after your mental wellbeing whilst staying at home:

<https://www.nhs.uk/oneyou/every-mind-matters/coronavirus-covid-19-staying-at-home-tips/>

Surrey And Sussex HPT (South East)

This team covers:

- Brighton and Hove
- East Sussex
- West Sussex
- Surrey

Contact Information:

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Chart Way

Horsham

West Sussex

RH12 1XA

Email: PHE.sshpu@nhs.net

Telephone: 0344 225 3861 (option 1 to 4 depending on area)

Out of hours advice: 0844 967 0069

West Sussex

West Sussex County Council

Central Attic

Third Floor County Hall

Chichester

PO19 1RG

Covid-19 email address: CCCT.Response@westsussex.gov.uk

Covid-19 duty line service: 0330 222 8044 (runs 7 days a week).

Updated KS 02.09.21

Updated KS 07.12.21

Updated KS 29.12.21