Dear colleague

Updated PHE guidance on NHS staff and student self-isolation and return to work following COVID-19 contact

As of 16 August 2021 the government is changing the requirements to self-isolate following a positive COVID-19 contact. We’re writing to inform you of how this change will impact staff and students working in the NHS. This supersedes previous PHE guidance and applies to all staff including substantive clinical and non-clinical roles, staffbank, contractors and suppliers – and students working in all facilities, settings and organisations delivering NHS care.

Fully vaccinated staff and students who are identified as a contact of a positive COVID-19 case will no longer be expected to isolate and will be expected to return to work. We ask that the following safeguards are implemented for them to safely do so:

- a negative PCR test prior to returning to their NHS workplace. Staff/students should not attend work while awaiting the PCR test result
- the staff member/student has had two doses of an approved vaccine, and is at least two weeks (14 days) post double vaccination at the point of exposure
- provision of subsequent, daily negative LFD antigen tests for a minimum of 10 days before commencing a shift (with test results reported to Test and Trace via the web portal and to their duty manager or an identified senior staff member). Any contact who has a positive LFD test should self-isolate and arrange a PCR test
- the staff member/student is and remains asymptomatic
- continued use of IPC measures, in line with the current UK IPC guidance.

If the above criteria cannot be met, or if the staff member/student has not had both doses of the vaccine, or they are living directly (same household) with a positive COVID-19 case, they will continue to be asked to isolate. This will remain under review. There may be times when it is appropriate for the staff/student living with a positive COVID-19 case to return to work,
in-line with government guidance, in a risk-assessed way, but this should be through a process agreed with an appropriate senior decision maker (eg DPH/DIPC). All staff and students must have an up to date individual risk assessment and be working in an appropriate setting for their risk status.

Local workplace risk assessments should take place to identify specific services that involve the care of immunocompromised patients. For these services, local senior clinical decision-makers should request that returning contact positive staff or students are redeployed to other areas of lower risk where appropriate. This is a further protective measure for patients at significantly higher risk.

To support colleagues and to protect our patients and services, NHS providers and primary care organisations are also asked to ensure that:

- 1:1 conversations continue with any member of staff or student who has not had both doses of the vaccine
- robust local monitoring processes are in place for regular staff and student testing with Board level assurance/organisational leadership and oversight
- staff are offered continuous learning regarding UK IPC guidance with access to refresher education events for all staff and students including those colleagues who may not have access to traditional information cascades.

We continue to regularly review this alongside government and clinical advice to best protect patients and staff. PHE’s guidance can be accessed [here](#). Thank you for your ongoing support.

Yours sincerely

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NHS Chief People Officer

Ruth May  
Chief Nursing Officer, England

Dr Nikita Kanani  
Medical Director for Primary Care
NHS STAFF AND STUDENTS FROM 16 AUGUST 2021

NHS staff or student identified as a contact of COVID-19 case
(pinged by NHS COVID-19 app, received alert/communication from national Test & Trace service or is personally aware of positive COVID-19 contact)

Is the staff/student fully vaccinated and asymptomatic? OR is staff/student directly living with positive COVID-19 case?
Staff or student must have had 2 doses of an approved vaccine, and is at least 14 days post completion of the second dose at the point of exposure

Unvaccinated or partially vaccinated staff/student OR living with positive COVID-19 case
All staff/students who have not received both doses of the COVID-19 vaccine must self-isolate.
Those with ongoing exposure in the same household with a positive COVID-19 case should self-isolate, unless they return through a process agreed with an appropriate senior decision maker (eg DPH/DIPC).
1:1 conversations should take place with staff/students that remain unvaccinated.

Fully vaccinated staff/student must have an immediate PCR test and not work while awaiting the result
If a staff member or student has had a SARS-CoV-2 infection in the past 90 days and has a positive contact, they should only undertake daily LFD antigen tests for 10 consecutive days (and not take PCR test) and be deployed to lower risk service/area.

Negative PCR Test without symptoms
Organisations must undertake workplace assessments identifying higher and lower risk areas. Example of higher risk services include direct care for immunocompromised patients.

Positive PCR Test
Staff/student must isolate for 10 days.

Lower Risk Services/Areas
Staff/student can return to work with the provision of negative daily LFD tests, before every shift, for a minimum of 10 consecutive days (inc. non-working days).
If the staff/student has a positive LFD antigen test or develops symptoms they should self-isolate and arrange a PCR test

Higher Risk Services/Areas
Local senior clinical decision-making on identifying areas caring for highly clinically vulnerable patients.
Contact positive staff/student can return to work but should be redeployed away if working in these areas for 10 days. They should continue daily LFDs, before every shift, for a minimum 10 consecutive days (inc. non-working days). If the staff/student has a positive LFD antigen test or develops symptoms they should self-isolate and arrange a PCR test

We advise all organisations, staff, and students to continue with IPC measures in line with current UK IPC guidance.