 **Staff self-isolation risk assessment/ track form**

**To be completed by manager**

**The line manager will complete this risk assessment following identification of a Covid positive staff member and contact with a positive Covid-19 person. This assessment will establish whether self-isolation is required or whether the staff member can return to work if staff absence would lead to potential patient harm.**

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| **TO BE COMPLETED BY LINE MANAGER OR DESIGNATED DEPUTY**  |
| **Surname:** |  | **First name:** |  |
| **Contact No:**  |  | **DOB:** |  |
| **Role:**  |  | **Department:** |  |
| **Site:**  |  | **Line Manager:** |  |
| **Have you had a Covid vaccination?** Yes/ No | **Date (1st):** |  | **Date (2nd):**  |  | **Date of Covid booster:** |  |
| When did you test LFT positive? |  | Date of day 5 and 6 post positive result: | 5.6. |
| If you are a contact when did you receive your contact notification? |  | Date of 11th day post contact |  |
| If you are Lateral Flow positive please follow this guidance  | * Staff must test LFT negative on day 5 and 6 (and return to work on day 6)
* Staff must not have symptoms of Covid (or symptoms have improved and staff have been apyrexial for 48 hrs without taking anti-pyretics)
* Staff must take daily LFT prior to starting shifts up to and including day 10 and report result on the staff portal, evidence of daily LFT must be shown to the manager (If staff have difficulty obtaining kits, contact the Covid testing team on ext 39534)
* All staff must continue to wear FRSM when in contact with other staff (even if over 2 metre distance) and when in contact with patients
* Staff member must adhere to Infection prevention and control precautions
* Breaks are to be taken in isolation (or with other staff returning to work with positive contacts). No contact with other staff members without wearing a mask
* If the staff member works with patients who are especially vulnerable to Covid-19 consideration should be given to the re-deployment for the remainder of the 10-day isolation period
* Immunocompromised staff members will need a negative LFT prior to returning to work up to day 14.
* Staff remaining LFT positive at 10 days should be risk assessed for return on day 11 and redeployed where necessary based on clinical risk. This group should continue to do daily LFT to day 14
* Staff remaining LFT positive at day 14 may stop testing and return to work
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| If you have you been in contact with a Covid +ve household member or contact, within the 48 hrs of them testing positive or developing symptoms | * Staff may return to site if the following criteria have been met
* Staff has had a negative LFT test
* Staff is asymptomatic of Covid-19 (Cough, cold, diarrhoea, sore throat pyrexia, loss of taste and smell)
* Staff must take a LFT test daily for 10 days prior to commencing shift (evidence to be provided each shift).
* If the LFT test becomes positive, follow the guidance for Covid-19 positive staff
* Manager to place staff member with the least vulnerable patients or consider re-deployment to a non-patient facing role
* All staff must continue to wear FRSM when in contact with other staff (even if over 2 metre distance) and when in contact with patients
* Breaks to be taken in isolation or with other staff who have positive contacts, no contact with other staff with no masks
* IPC precautions must be adhered to
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| **Outcome of assessment:** 1. Self-isolation until day 5 and 6 LFT negative
2. Return to work
3. Return to work in a non-patient facing role
 | **Manager:** **(Line Manager).** |

**Please complete if COVID-19 positive – Section 2**

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| **Section 2: TO BE COMPLETED BY LINE MANAGER OR DESIGNATED DEPUTY**  |
| Where have you been working in the 7 days before your symptoms started (if asymptomatic, in the 7 days before you tested positive): Please comment even if not on site |
| **Day 1** *(the day before your symptoms started/you tested positive)* | **Ward / department:** | **Day 2**  | **Ward / department:** |
| /20\_\_ |  | /20\_\_ |  |
| **Day 3**  | **Ward / department:** | **Day 4** | **Ward / department:** |
| /20\_\_ |  | /20\_\_ |  |
| **Day 5**  | **Ward / department:** | **Day 6**  | **Ward / department:** |
| /20\_\_ |  | /20\_\_ |  |
| **Day 7**  | **Ward / department:** |
| /20\_\_ |  |

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| Has a household or close contact tested positive | **Y/ N** |
| Have you used an air powered respirator in the last 7 days | **Y/N** |
| Have you been in contact with patients or staff in the last 48 hrs without wearing a mask (greater that 15 mins, less than 2 metres) | **Y/N** |
| Is there anything else you would like to make us aware of in relation to your positive result? | **Y/N** |
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**Once completed, it should be sent to:-**

**Infection Prevention and Control:**

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