

2020.06.02

10 Deputy K.G. Pamplin of the Minister for Health and Social Services regarding isolation of healthcare workers (OQ.135/2020):

Will the Minister explain why healthcare workers are exempt from testing and isolation following contact with a person showing symptoms of COVID-19?

The Deputy of St. Ouen (The Minister for Health and Social Services):

This might take quite a time or perhaps more than the normal time allowed to explain, because it is rather complex. In relation to testing of healthcare workers for the purpose of screening, testing is voluntary. If a healthcare worker has symptoms of COVID-19 testing is mandatory, but otherwise, in all other respects, it is voluntary. When it comes to isolation there is guidance available relating to healthcare workers and exemptions apply under the following circumstances. Firstly, in a case where a healthcare worker lives with someone who shows signs of symptoms but has not been confirmed as positive and the healthcare worker does not have any symptoms themselves in line with the guidance this healthcare worker could come back into the workplace based on a documented decision by the employer taking a proportionate risk-based decision and whether or not the area already has COVID-19. Secondly, in the case where a healthcare worker has direct contact with a confirmed case of COVID-19, provided that the healthcare worker does not have any symptoms themselves in line with the guidance, the healthcare worker could come back into the workplace based on a documented decision by the employer taking a proportionate risk-based decision and whether or not the area already has COVID. Health and Community Services has developed a local policy to operationalise the guidance that is published on the gov.je website. This was agreed by H.C.S. (Health and Community Services) on 20th May and details of the circumstances in which the exemption would apply along with the process for approval on exemption. The policy does not allow isolation exemptions of healthcare workers who are symptomatic, have tested positive themselves, live with someone who has tested positive or have recently returned from travel within the past 14 days. I do stress, they are not exempt. The return to the workplace for the healthcare worker would require a number of arrangements being in place, which include P.P.E., breaks separate from other people, no lift-sharing or use of public transport and strict physical distancing when travelling to and from work. When not in work the healthcare worker must isolate and follow the isolation guidance. If at any point the healthcare worker develops symptoms they must not come into work but contact the helpline and notify their line manager. Finally, these exemptions would only apply in exceptional circumstances after all other staffing options have been explored.

3.10.1 Deputy K.G. Pamplin:

I thank the Minister for the answer but he got to the point at the end that having read and re-read these, and I am quoting now a spokesman for the Government, it says: "The impact that the isolation period could have on service delivery, particularly in terms of staffing, could pose a high risk to patient safety." It is for this reason that an isolation exemption became necessary and it is not just in the States of Jersey, it is in private healthcare. Does this sit easy with the Minister, because the incubation period with this virus, as we know, is 5 days where people could be asymptomatic, but if a member of a healthcare provider has come into contact they believe with somebody that their professional opinion should be: "We need to self-isolate to see if we develop any symptoms." Is the Minister comfortable with this change of policy?

The Deputy of St. Ouen:

It is not a change of policy. It may be a development of policy the more we learn about COVID. The first point to bear in mind is that this is only used in exceptional circumstances after other staffing options have been explored, so if other staff are available the member of staff might well isolate plus the fact that each decision is subject to a careful evidence-based consideration, an assessment is made of risk and it is fully documented. It is in so many of these cases a proportionate assessment and the fact of the matter is that we have not seen any cases arising given we have seen a low level of infection in the Island, so this policy has not created harm.

3.10.2 Senator S.C. Ferguson:

Given the fact that this type of test is usually only about 60 per cent accurate and frequently provides false negatives and false positives, is this not sufficient grounds for some form of disciplining, say inaccurate advertising, for example?

The Deputy Bailiff:

Does this arise from the question the Minister was asked? Minister, does it arise from the question you were asked?

The Deputy of St. Ouen:

I do not believe so, Sir. I think the tests that I am referring to, which healthcare workers are subject here, is the P.C.R. testing which is accurate and used clinically. I think the Senator is referring to the antibody testing and possibly alluding to the last question.

Senator S.C. Ferguson:

Yes, I am sorry. I have come in late to the previous question but I still think it is a valid question. Sorry, Sir, I will withdraw it.

3.10.3 Deputy K.F. Morel:

Notwithstanding the lack of harm that has been done to date, does the Minister accept that a healthcare worker could be spreading the virus, yet showing no symptoms and therefore the potential for harm with the voluntary aspect of the healthcare worker testing is there?

The Deputy of St. Ouen:

On the face of it, yes, that is possible, as it is possible with any of us during the early days of an incubation period. This is recognised in the policy and a careful risk-based assessment is made. As I have said, this policy is only used when there is no other option and it is a necessary policy, more so when we were facing the predicted peak of cases when we anticipated the hospital might be overwhelmed and needed every resource it could have. We are of course in a slightly different situation now and I would think the risks are assessed differently. Nevertheless I am asked about policy and it remains a policy.

3.10.4 Deputy K.F. Morel:

Given that this is the current policy, and that he does accept that there is the potential for harm to be caused, could the Minister explain why, given that we do not need all the resources that were perhaps envisaged at one stage, there is not an obligatory testing regime for healthcare workers?

The Deputy of St. Ouen:

Well, there is that testing regime that I have referred to in previous questions. There is regular testing now of all front line workers to detect the presence of the virus, so that is running hand-in-

hand and we can know by that regular testing. It is not daily testing, so that is not to say that we know on a day-to-day basis, but we have a good testing regime that satisfies the clinicians who are working in this area.

3.10.5 Deputy I. Gardiner:

I would like to follow up and again to understand what the rationale is behind not doing obligatory testing for the healthcare workers who come in contact with a person showing COVID-19, not to make it obligatory, even though they are not showing the symptoms, as we know that 30 per cent of the people are not showing symptoms, according to the new statistics?

The Deputy of St. Ouen:

If the Deputy means requiring the healthcare worker to take a test, it is a voluntary test unless they are showing symptoms then, like anyone else showing symptoms, we would ask them to take a test. Of course while they are not showing symptoms the rule is that they can continue with their work unless it is agreed that the workplace has other means of sourcing the workers that they need. As I have said, all staffing options are explored and if it is thought desirable to isolate somebody who has been in contact and there are other staffing options available those other options will be deployed first.

3.10.6 Deputy I. Gardiner:

I think that my question has not been answered. I asked if a healthcare worker came in contact with a person showing signs of COVID-19 healthcare workers because 30 per cent of people with COVID do not show symptoms what is the rationale behind the decision not to make a test obligatory for the healthcare people who are coming in contact with people with COVID?

The Deputy Bailiff:

Deputy Gardiner, could you repeat your question because certainly here there was a lot of echo and the Minister may not have caught the whole of your question? Could you repeat it slowly?

Deputy I. Gardiner:

Sure, Sir. I would like to understand the rationale behind the decision not to make the test obligatory for healthcare workers who come in contact with people with COVID symptoms, the rationale of the decision not to make it obligatory?

The Deputy of St. Ouen:

My answer would be that this is a risk-based assessment conducted by clinicians who understand well the risks of the spread of COVID and in the context of their workplace they take that decision. As I said, it is not always a requirement that that healthcare worker does attend work, but the option is there but, first of all, all other staffing options are explored. I think that is the best I can give.

[11:15]

3.10.7 Deputy K.G. Pamplin:

My final supplementary is that what troubles me about this is it is not just policy for the States of Jersey Health and Community Services. It is also for the private sector as well. As we go through the journey of unlocking and more and more people may come in and out of the Island, as we go through this process there is the risk that people will come into contact showing symptoms. This virus is still asymptomatic. If somebody who works in care providing thinks they have come into a position with somebody who may be showing symptoms surely the best thing to do is to alert the

manager, request a test, stay isolated for a period of time, so that it can be proved and they can go back into work. Does the Minister not agree?

The Deputy of St. Ouen:

The scenario that the Deputy has proposed could well happen in that the healthcare worker would contact the line manager and the line manager would agree with them that it is best that they stay home and isolate. These things are considered on the basis of an assessment of risk and those considering them are well-trained and understand the risks, so I would be happy to leave it to their professional judgment.