Dear Workforce Senior Leadership Group, Employee Directors, SWAG, Chief Executives, Human Resource Directors,

STAFF EXEMPTION FROM SELF ISOLATION: MATERNITY AND NEONATAL STAFF

As you are aware, guidance was issued from Scottish Government Health Workforce Directorate about NHS Staff exemption from self-isolation (DL (2021) 24 – DL(2021)24 - Update on isolation exemptions for Health and Social Care staff (scot.nhs.uk)

As you know paragraph 10 of the guidance says the following:

> During a period of isolation exemption the staff member **should not** work with high clinical risk patients / service users. High clinical risk groups would include patients on chemotherapy, immune-suppressants such as pre/immediately post-transplant, those who have profound immune-deficiency and other high clinical risk patients who are not vaccinated. This list is not exhaustive and local line managers may determine other groups as fitting within the high clinical risk category. Staff can however be asked to return to work in roles to care for and support people who are not deemed at high clinical risk.

Maternity and neonatal staff have asked about application of the above paragraph in maternity and neonatal services, and I hope the guidance below is helpful, which has been agreed with Senior Medical Officers (Obstetrics and Paediatrics) and Midwifery leads in Scottish Government and with the Deputy Chief Medical Officer.

As a cohort, pregnant women and neonatal babies are not considered to be in the high clinical risk category in the context of staff exemption from self-isolation, unless they have another condition that puts them into that high risk category (for example are on chemotherapy, immune-suppressants such as pre/immediately post-transplant, or those who have profound immune-deficiency). Whilst pregnant women in the third trimester at more risk if they catch COVID, and pregnant women are largely unvaccinated, the staff who are caring for them will have taken PCR and lateral flow tests and will be wearing PPE, so the risks of any transmission will be very small. Babies (even those in neonatal care) will only suffer mild symptoms of COVID and so are at low risk. Boards can take decisions locally about categories of patient that are considered high risk, but for clarity, this need not include pregnant women and neonates as a whole cohort, whilst recognising that there may be a small number of pregnant women and babies who will need to be protected as they have specific additional co-morbidity that make them high risk.

With thanks

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