From the Chief Medical Officer

Dr Michael McBride

HSS(MD) 41 /2014

To:

Chief Executive Public Health Agency Chief Executive Health & Social Care Board Chief Executives HSC Trusts Chief Executive NIAS Chief Executive RQIA GP Medical Advisers All General Practitioners and GP Locums (for onward distribution to practice staff)



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Your Ref: Our Ref: HSS(MD) 41 /2014 Date: 22 December 2014

Dear Colleague

EBOLA OUTBREAK IN WEST AFRICA – CURRENT AND FUTURE HSC VOLUNTEERS - GUIDANCE ON RETURNING TO WORK

ACTION REQUIRED

Chief Executives should ensure that this letter is circulated to:

• All Medical and Nursing Staff in HSC and those on the circulation List highlighted in this letter and HR Directors

The HSCB should ensure that this letter and guidance is circulated to all GPs and GP Locums.

RQIA should circulate to independent hospitals with admission and treatment facilities.

Summary

- 1. I am writing to you as a potential host to current and future Health and Social Care (HSC) volunteers going out to support the fight against Ebola in affected countries. I issued a letter in October HSS (MD) 32/2014 providing guidance for staff working within Health and Social Care who wished to volunteer to support the humanitarian crisis in West Africa. As you will be aware, the existing programme managed by UK-MED on behalf of the UK Government, has been based on placements of eight weeks, including training and at least two week's leave on return. We wish to notify you of an update to Public Health England's advice for individuals returning from Ebola affected countries.
- 2. The main change in the guidance is that returning HSC volunteers, who have had direct physical contact with Ebola cases as part of clinical care, will now be advised to wait three weeks before they return to work that involves direct



physical patient contact. This brings this guidance in line with other organisations sending volunteers to affected countries, including the Ministry of Defence.

- 3. However, HSC staff who have been advised not to carry out any direct clinical care can carry out other work in this three week period, for example, training, administrative duties, meetings and telephone triage. During this three week period such affected volunteers are being advised by the Public Health Agency in conjunction with advice formulated by Public Health England to also avoid long-distance travel and going anywhere where they cannot easily and rapidly obtain medical help in the unlikely event that they become unwell. However, most staff who have not been involved in direct patient care of Ebola cases, such as laboratory staff, will not have any restrictions on their professional or personal life. The detailed guidance update can be found at https://www.gov.uk/government/publications/ebola-virus-disease-returning-workers-who-are-asymptomatic-contacts
- 4. It is important to note that the assessment of the public health risk from Ebola has not changed. Rather, these changes are a practical and sensible approach to ensure returning healthcare workers have passed the incubation stage before they have direct contact with patients in the UK, and that they have immediate access to healthcare facilities in the event that they start to develop symptoms. It has been discussed with, and is supported by the 4 UK CMOs. If you have any queries on this letter, please contact <u>Ebola@dh.gsi.gov.uk</u>

Action Required

5. Chief Executives should ensure that this letter is circulated to frontline clinical staff who may be admitting patients, all infection prevention and control staff and General Practitioners. Any queries in relation to accessing support for backfill arrangements in respect of volunteers should be addressed to <u>dympna.sisk@dhsspsni.gov.uk</u> (Human Resources Directorate) in the first instance.

Yours sincerely

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Dr Michael McBride Chief Medical Officer

• This letter is available on the DHSSPS website at	$\bullet \bullet \bullet \bullet \bullet$	
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www.unsspsin.gov.uk/mdex/pileatti/pioressional/emo_communeations.ntm	•	www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications.htm
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Circulation List:

Medical Directors of HSC Trusts Executive Medical Director/Director of Public Health, PHA Assistant Director of Public Health (Health Protection), PHA Director of Nursing and AHPs Public Health Agency **Directors of Nursing, HSC Trusts Directors of HR HSC Trusts** Assistant Director of Pharmacy and Medicines Management, HSCB **Directors of Pharmacy HSC Trusts GP** Medical Advisers, HSCB All Community Pharmacists Regional Medicines Information Service, Belfast HSC Trust Regional Pharmaceutical Procurement Service, Northern HSC Trust Prescribing Advisers, HSC Trusts **Regional Drug and Poisons Information Service** Brendan Whittle, SEHSCT (NI Prison Service) Professor Linda Johnston, Head of School of Nursing & Midwifery QUB Dr Owen Barr, Head of School of Nursing, University of Ulster Diane Taylor, Head of HSC, Leadership Centre Donna Gallagher, Open University Universities Student Health Services Occupational Health Departments Boards/Trusts **NICS Occupational Health** Dr Tom Black. Chair of BMA Dr Keith Gardiner, Chief Executive/Postgraduate Medical Dean, NIMDTA Mr Simon Reid, Acting Chief Dental Officer, DHSSPS Charlotte McArdle, Chief Nursing Officer, DHSSPS Jemima Keyes, Nursing and Midwifery Unit, DHSSPS Angela McLernon, Chief Executive NIPEC Northern Ireland Pathology Network

