

Guide to Testing Healthcare Workers in designated areas.

This guide is designed to provide advice regarding the testing of healthcare workers (HCW) as part of asymptomatic screening protocols for the presence of SARS-CoV-2, the virus that causes COVID-19.

Why are staff being offered testing?

Groups of staff are being offered weekly tests as a means of reducing potential spread of COVID-19 in hospitals and other care settings, particularly if they are in areas caring for vulnerable patients. If shown to be positive for the virus, staff will have to leave their place of work and self-isolate for a period as described below.

Staff will also be offered testing when asymptomatic as part of incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection:

[https://www.sehd.scot.nhs.uk/dl/DL\(2020\)01.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf)

Why are symptoms not a reliable way of identifying infected individuals?

A significant number of infected individuals show no or very minimal symptoms – probably about 50% of those infected. In addition, for those who do develop symptoms, the virus is present in respiratory secretions for 1-2 days before symptom onset. Although the level of infectivity of such asymptomatic or pre-symptomatic individuals is not known exactly, studies have shown they can transmit infection to others. Thus, screening of staff for the presence of virus is a method of detecting these individuals and excluding them from work for a period to allow viral clearance. It is important to emphasise that staff must remain vigilant for symptoms suggestive of infection with COVID-19, and of symptoms in household members, and to follow the advice of NHS Scotland if these develop:

<https://www.nhsinform.scot/self-help-guides/self-help-guide-coronavirus-covid-19>

If a staff member or someone in their household becomes symptomatic, they must **not** come to work but follow the advice outlined above

What test is being offered?

The test that is being offered is for detection of SARS-CoV-2 nucleic acid (PCR test). A swab is taken from the nose and throat and sent to the virology laboratory for testing. It is important that the swab is taken with an appropriate technique – for details see:

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-obtaining-an-upper-respiratory-tract-diagnostic-sample/>

Who will perform the test?

This will be determined locally – potential groups could be occupational health, or public health. The test should be performed at the place of work to avoid staff having to travel elsewhere, such as drive-through centres. The preferred method of testing would be self or peer testing in the clinical area. Consent must be sought and appropriate advice given regarding the test and its meaning. To ensure minimal disruption to normal staff activity, testing should be staggered through the working week by arrangement with the testing lab to cover all staff in that time.

Where will the test be performed?

Again this needs to be determined locally in consultation with local virology laboratory services. Ideally, NHS facilities should be used, as results from NHS laboratories will typically be available within 24 hours. It is understood that at times NHS Boards may have to use different testing facilities. Staff can continue to work normally while the test results are awaited.

How will the results be communicated to staff?

There must be a robust and clear process in place for recording and communication of results to staff member. Occupational health teams will be key to this process. Staff who have a positive result may require advice counselling and support from occupational health staff. Staff confidentiality and records of test results must be maintained securely.

What will the result mean?

The test detects the presence of the SARS-CoV-2 virus in respiratory secretions. A negative result means the virus was not detected, but the sensitivity of the test is not 100% and critically dependent on the swab being taken properly. In symptomatic individuals, the sensitivity from a properly taken combined nose and throat swab is of the order of 90%. A corresponding value of sensitivity in asymptomatic individuals is not known. The test is highly specific, but again this is not 100% - a best estimate would be in the order of 99.9% specific. Thus, about 1 in 1,000 tests will return a false positive. This is important to consider relative to the expected level of infection in the general population – when this is very low (as of July 1st 2020 it is about 1 in 2,000 of the population), then about 2 in every 3 tests will be a false positive. When prevalence of the infection rises, the proportion of tests that are false positives will drop, but the proportion of false negatives will rise.

What must staff do if they test negative?

Staff who test negative can continue to work normally. However, it is **essential** that they continue to follow the advice regarding infection prevention and control practices and use of personal protective equipment (PPE) as set out by Public Health Scotland:

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-infection-prevention-and-control-measures/>

Staff who are negative should **not** regard themselves as free from infection – the test could be a false negative - they may also go on to acquire the virus in the period before the next test. They should remain vigilant for the development of symptoms that could be due to COVID-19; if these develop they should follow the advice of NHS Scotland:

<https://www.nhsinform.scot/self-help-guides/self-help-guide-coronavirus-covid-19>

What must staff do if they test positive?

Staff members who have a positive test must inform their line manager and arrangements should be made for them to stop work immediately and return home, avoiding the use of public transport. Local arrangements for transport of infected patients should be followed. On embarking on this screening programme NHS Boards should have arrangements in place to backfill staff who test positive. Staff identified to provide back fill should also be undertaking weekly testing and have a negative result within the last 48 hours. The staff

member who tests positive will need to self-isolate for a period of 7 days, and their households also need to isolate for a period of 14 days as described by NHS Scotland. <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-guidance-for-households-with-possible-coronavirus-infection>

In addition, staff who test positive will be contacted by the contact tracing team as part of the Test and Protect programme: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-contact-tracing>

In addition, if a staff member tests positive, health protection teams (HPTs) should work with the local infection prevention and control team (IPCT), occupational health services (OHS) and the Test and Protect team to identify contacts of the positive staff member. Establishment of a Problem Assessment Group (PAG) or Incident Management Team (IMT) may be required. . Testing of direct patient and staff contacts should be made available. A service continuity plan may need to be established.

Staff who are off work as a result of a positive test or as a result of the requirement to self-isolate will be paid in full and have the absence recorded in line with other Public Health/screening absences.

Do staff who have a positive test need a further test before returning to work?

If a member of staff has a positive test and remain asymptomatic they do not need a further test before returning to work. If they do develop symptoms, they should then follow the NHS advice as set out above and self isolate for 7 days from the date of symptom onset and advise their household to enter isolation for a period of 14 days from the onset of symptoms (not the swab test result).

What actions need to be taken for staff members who have tested positive on one occasion who then go on to test positive again?

It will be impossible to know whether this represents lingering dead virus, or a new infection with a previous false positive. However, it is known that viral RNA can continue to be present in respiratory secretions for some time. Therefore, we do not recommend weekly testing following a positive result. However, as a precaution, staff must be tested every time they develop symptoms consistent with COVID-19 infection, irrespective of past testing. Individual cases could also be reviewed and decisions reached in consultation with the local virology team.

What about antibody tests?

Antibody tests are able to tell if an individual has been previously exposed to the virus. Currently, we do not know whether they indicate an individual is immune to further infection. Therefore, they are not currently offered to staff members, and should not be a basis for avoiding the routine swabbing programme or adopting suitable infection prevention and control measures.

How should staff who refuse to be screened be managed?

Whilst staff cannot be mandated to take part in this type of screening programme professional codes of conduct/practice and terms and conditions of healthcare staff generally outline responsibility to comply with screening exercises in the interests of patient safety.

Staff should be actively encouraged to participate. Staff who are fully supported and informed, and working in an open and supportive culture, whilst being apprehensive and concerned, will normally overcome these fears and participate in screening. However, refusal by any member of staff to participate in a screening process once they have been identified as requiring to do so, must be reviewed sensitively. The review should if possible aim to identify the issues for refusal. NHS boards should develop an agreed procedure to be followed in this event.

It is recommended that review processes be based on the following:

- The member of staff should be offered counselling and support, and through one-to-one discussions be given further opportunities to participate in the screening process.
- Persistent refusal to be screened may pose a potential risk to patients and staff and it may be necessary to transfer the employee to another work area.
- A full review of employment options should take place as soon as possible and the member of staff and their representative, as appropriate, kept informed and up to date throughout the review.

Occupational health input

The occupational health team should provide the following:

- Implementation and co-ordination of the screening programme in consultation with and support from senior management.
- Staff support and counselling (including pre-screening discussion if required).
- Management of personal data.
- Receipt of results and informing staff if this is the agreed process with staff members
- Ensuring application of Special Leave as appropriate