Frequently Asked Questions (FAQ) – Asymptomatic testing of healthcare workers, primary care staff and independent contractors using a Lateral Flow Device (LFD) test.

This guide is designed to provide answers to frequently asked questions regarding asymptomatic COVID-19 testing of healthcare workers.

Why are Healthcare Workers being asked to test?

Why are staff being offered testing?
Testing provides an additional layer of protection by identifying staff members who are infected with the COVID-19 virus but who do not have symptoms. A positive result means staff should self-isolate immediately and so reduce the risk of infecting colleagues and patients.

Who will be tested?

Who is eligible for the LFD roll out?
The scope of the healthcare worker pathway includes:
- all NHS Scotland staff (patient and non-patient facing)
- NHS24 and Scottish Ambulance Service call handlers
- patient facing primary care independent contractors - general practice, dentistry, optometry and pharmacy. Please note primary care staff currently are required to be patient-facing in order to access testing.
- hospice staff
- visiting professionals to a care home
- students on clinical placements

Staff are asked to voluntarily consent to taking part in the testing programme. All staff will be provided with information on how their testing data is used and shared via the privacy notice on the online reporting portal. LFD test kits are for staff member’s use only and must not be used by anyone else.

The staff member will consent to sharing their data as described in the Data Privacy Notice, including with Test and Protect.

Which other health and social care staff are already being tested?
Testing of asymptomatic staff has been in place since July 2020 for staff in oncology, elderly care and mental health wards, with stays over three months. Staff in care homes are also offered to take part in asymptomatic testing. These groups have been identified as high risk areas due to staff caring for vulnerable patients, and/or where there is evidence of an increased likelihood of outbreaks.
Staff are also offered testing when asymptomatic as part of incident or outbreak investigation at ward level when unexpected cases are identified. This is carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf

What about isolation exemption/close contact testing?
Within the healthcare workforce a high number of staff isolating would put additional pressure on already fragile services please see Directors Letter (2022) 01 which provides information on self-isolation for health and social care staff.

Self-isolation for Health and Social Care Staff
On 24 January 2022 there was an update to self-isolation policy for health and social care staff. A summary of the policy is detailed below, however for more information please see annex A of the Directors Letter (2022) 01.

Index Cases
An LFD positive test should be treated as a confirmed positive case of COVID-19. A confirmatory PCR test is no longer needed. An index case should only undertake a PCR test if they are symptomatic and have returned a negative LFD test.

In line with guidance for the general population staff can return to work from day 7 of their self-isolation, if they have two consecutive negative LFD tests taken 24 hours apart (day 6 and day 7), and do not have a fever for 48 hours (a temperature of 37.8°C degrees or above, without the use of anything to reduce a fever). For clarity, as an example, if a staff member tests positive on day 6 but negative on day 7 and 8, they can return to work from day 8. Day 1 is the date of symptom onset (or date of positive LFD or PCR test if asymptomatic).

Following two consecutive negative LFD tests (taken 24 hours apart, up to day 10 or one negative LFD test in days 11 to 14) prior to returning to work, Health and Social Care workers, who have been diagnosed as cases should pause twice weekly LFD testing for 28 days from day 1 (date of symptom onset or test date if asymptomatic). If they are also required to PCR test weekly, they should also pause this for a period of 90 days.

If a person newly develops the main COVID symptoms (fever, new persistent cough, loss of, or change in, sense of smell or taste) in the 28 day period, they should do a PCR test. Note that this applies to NEW symptoms not an ongoing cough, or taste/smell changes.

Staff who can return should not work with individuals on the highest clinical risk list for the remainder of the 10 day period. The highest clinical risk groups include individuals on chemotherapy, those who are immune-suppressed such as pre/immediately post-transplant, those who have profound immune-deficiency. This does not apply to staff working with other individuals who are not eligible for the vaccine (such as neonates and young children or people who are exempt such as by
having allergic reactions) but any such return needs to be risk assessed by the line manager.

All staff should stop testing after day 10 irrespective of their Day 10 LFD result and pause routine testing for 28 day as above. The likelihood of a positive LFD test in the absence of a high temperature after 10 days is low, hence further testing is not advised. If a member of staff does continue to twice weekly LFD test from day 11 and receive a positive result, they should remain at work if they have not or do not have a fever (a temperature of 37.8C degrees or above) within the previous 48 hours.

**Fully vaccinated contacts**

This applies to all Health and Social Care staff whom are identified as a contact (both household and non-household) of a positive COVID-19 case and are fully vaccinated (double vaccinated and have received booster doses 14 days prior to last exposure of case).

If a member of staff is a contact of a case, they should take an LFD test. If this test is negative and provided they have no COVID-19 symptoms or fever they can attend work with the agreement of their line manager according to a risk assessment.

However as an additional safeguard, they will also need to take LFD tests for 10 days and report these to their line manager. If an LFD test is positive, or the individual develops symptoms within the 10 day period, they must follow the self-isolation guidance for index cases as detailed above. In terms of self-isolation day 1 of this would be the date the staff member tested positive or the onset of main COVID symptoms.

After the 10 day period as a contact, staff should continue to LFD test twice weekly and can continue to work if they have a negative result.

Those who are participating/have participated in a formally approved COVID-19 vaccine clinical trial are treated as equivalent to those vaccinated through the NHS vaccination programme and similarly, a risk assessment will determine their return to work.

An exemption from self-isolation exists for contacts who have been diagnosed as a COVID case in the past 28 days, and they are advised to follow the testing guidance for positive cases, outlined above under ‘Index Cases.’

**Unvaccinated or partially vaccinated (0-2 doses) Contacts**

This applies to all Health and Social Care staff whom are identified as a contact (both household and non-household) of a positive COVID-19 case and are not fully vaccinated (meaning they have not received all three vaccination doses).

If a staff member is a contact of a case, they should undertake a PCR test, as soon as possible, upon finding out they are a contact. If they are not fully vaccinated they should not attend work and should complete their 10 day self-isolation period. There
is currently no option for staff who are not fully vaccinated and are identified as a contact to exit self-isolation early.

If a member of staff develops symptoms or tests LFD positive during their 10 day isolation as a contact period they should follow guidance for ‘Index Cases’ (see page 2) as detailed above, and re-set the self-isolation period.

After the contact self-isolation period, provided staff have not become a case, they should continue with their workplace testing regime.

An exemption from self-isolation exists for contacts who have been diagnosed as a COVID case in the past 28 days, and they are advised to follow the testing guidance for positive cases, outlined above under ‘Index Cases.’

**Mitigations for staff returning to work in health and social care settings**

If a member of staff meets the conditions to exit self-isolation early, as outlined in paragraph 2 or 3 (depending on the scenario), they are expected to return to work. In addition to the conditions for returning to work as detailed above, which includes daily LFD testing and not working with individuals on the highest risk list, the member of staff should:

- record the results of the twice weekly LFD http://www.covidtestingportal.scot/ and inform their manager of the result.
- as always, adhere to infection prevention and control appropriate to the setting in which they work.
- correctly wear personal protective equipment (PPE) in accordance with the National Infection Prevention and Control Manual: Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum (scot.nhs.uk). This includes wearing face masks in accordance with guidance on the extended use of face masks and face coverings in hospitals, primary care and wider community care - gov.scot (www.gov.scot).
- remain vigilant for symptoms and test and self-isolate if they arise.

It is important for staff to note that these exemptions are in place to enable staff to return to work during their potentially infectious period (for cases) or their post-contact period (for contacts) of risk. They should however continue to follow advice as set out on NHS inform on Coronavirus (COVID-19): Self-isolation guidance for individuals with possible coronavirus infection | NHS inform including avoiding crowded places, social events and care home or hospital visiting for the remainder of their 10 day periods.

In an outbreak situation the local Health Protection Team can override exemptions from case and contact isolation as per the Scottish Government guidance on Management of Public Health Incidents. This policy does not signal any change to IPC guidance issued by ARHAI. National Infection Prevention and Control Manual: Home (scot.nhs.uk)
How is the test done?

What testing product is used?
Previously the healthcare worker pathway used boxes of 25 Innova SARS-CoV-2 Antigen Tests and boxes of 7 Orient Gene Rapid COVID19 (Antigen) tests. The pathway is now transitioning to boxes of 20 Orient Gene Rapid COVID19 (Antigen) tests. Innova 25 and Orient Gene 7 LFD test kits remain valid for use until their expiry date. Please ensure any remaining supplies of Innova 25 and Orient Gene 7 LFD test kits are used up before starting to issue Orient Gene 20 test kits to staff. Please note, the instructions for use of each kit differ, therefore please ensure the appropriate written instructions are used for each product.

What is the difference between a Orient Gene box of 7 (OG7) and an OG20?
OG20s are similar to OG7s, the differences being the number of kits in each box and the buffer solution will be spread over two bottles, which are required to be portioned across all 20 tests, as opposed to the solution being inside individual vials (as is the case with OG7s). The solution from this bottle is to be used as the solution for all tests in the box.

Health Boards/ Primary Care Independent Contractors will be asked at point of ordering LFDs to confirm that all staff have completed the required training for using the lateral flow test supplied.

A range of training materials and an eIFU will be available to guide and support HCWs in the use of their OG20 LFD test kits. However, staff are encouraged to request supervision for their first OG20 test if they are unsure or would like extra support.

It is important that OG20s are not used by other members of the family, as MHRA have agreed OG20s can be used as self-test kits by health and social care staff only, this is because they are registered for use as assisted test kits.

How do staff administer the test?

For Innova LFD Test Kits:
In line with the Standard Operating Procedure (SOP) the Innova LFD test can be self-administered by staff at home or in the workplace by using only nasal swabbing at a depth of about 1.5cm in each nostril. A swab is taken from both nostrils and then inserted into the extraction tube with the extraction fluid and then rotated and pressed to make sure that the sample from the swab is released into the extraction fluid. You then take the extraction tube with the nozzle cap and place 2 drops of extraction fluid into the sample well of the LFD testing device cartridge and wait for the results on the test device. Reagents and devices must be at room temperature (15–30 °C) when used for testing.
The Innova LFD test takes approximately 5 minutes to undertake and results are given in 30 minutes. The timing is critical, as leaving the test for longer can lead to false positive results and the test will need to be repeated. **A negative test does not rule out COVID infection, and as such, you should continue to follow infection prevention and control advice and national COVID guidelines as normal, even if you register a negative result.**

The extraction solution and test cartridges should be stored at 2-30 °C between tests.

For **Orient Gene LFD Test Kits (both for OG7s and OG20s):**

In line with the Standard Operating Procedure (SOP) the LFD test can be self-administered by staff at home or in the workplace by using only nasal swabbing at a depth of about 2.5cm in each nostril. A swab is taken from both nostrils and then inserted into the extraction tube with the extraction fluid (for OG20s add 10 drops of the buffer solution into the extraction tube before inserting the nasal swab) and then rotated and pressed to make sure that the sample from the swab is released into the extraction fluid. You then take the extraction tube with the nozzle cap and place 4 drops of extraction fluid into the sample well of the LFD testing device cartridge and wait for the results on the test device. Reagents and devices must be at room temperature (15–30 °C) when used for testing.

The Orient Gene test takes approximately 5 minutes to undertake and results are given in 15 minutes. **Please note that the timing of the Orient Gene test differs from the Innova LFD test.** The timing is critical, as leaving the test for longer can void the result and the test will need to be repeated. **A negative test does not rule out COVID infection, and as such, you should continue to follow infection prevention and control advice and national COVID guidelines as normal, even if you register a negative result.**

The extraction solution and test cartridges should be stored at 2-30 °C between tests. If the test kit has been stored in a cool area (less than 15°C), ensure your test is at room temperature (15–30 °C) prior to testing.

**How frequently should staff be tested?**

Staff should now test themselves twice weekly, preferably prior to their shift. We advise that staff continue to test themselves during periods of leave so that, in the event of a positive test, they can begin their period of self-isolation at that point.

**What training will staff require?**

Staff will be supported with appropriate training materials developed by NHS Education for Scotland (NES). Staff should then be able to self-administer the tests either at home, or in the workplace.

For the Orient Gene 7s LFD test kits only, the Manufacturer’s instructions for use (IFU) should be followed and are available [here](#). However, please note the following important departures from the IFU for the healthcare worker pathway in Scotland.

- The Orient Gene IFU directs users to contact the MHRA via the yellow card scheme if they are harmed by a lateral flow device. In Scotland the appropriate pathway is to notify NSS [IRIC](#).
- When recording test results on the online portal, please ensure you enter the lot number provided on the outer cardboard packaging of the test kit, **not** the ID Number printed on the individual test cassette.

For the Orient Gene 20s LFD test kits only, the Manufacturer’s instructions for use (IFU) included in the boxed should be disregarded. In their place please use the healthcare worker specific electronic instructions for use, this will be available to view on both TURAS and Scottish Government’s webpages, alongside other training materials for OG20s from 20th December 2021.

It is recommended, but not required, that staff are observed by a trained healthcare colleague the first time they administer an LFD test to identify early on if additional support will be required, or if they are unable to perform the test for whatever reason. Employers should use their discretion as to which staff may require training or additional support. Any staff member who needs support undertaking the test should be provided with appropriate support and training and, where possible, observed on the first occasion. If a staff member is unable to perform the test, employers should enable testing by other technologies where possible.

**What to do once you have results**

**Do staff have to self-isolate if they receive a positive test?**
In the event of a positive result, the staff member should self-isolate immediately in line with government guidance, inform their manager and occupational health department. Students on clinical placements should also advise their University.

The positive result of a LFD test will now be used to initiate contact tracing. On receipt of the test result, NHS National Services Scotland will feed this result into the Case Management System which contains all the positive test case information. This system is used to undertake contact tracing.

An LFD positive test will be treated as a confirmed positive case of COVID-19. Positive LFD test results no longer need to be followed up with a confirmatory PCR test.

However, staff should undertake a PCR test if they have symptoms of COVID-19 and have received a negative LFD test result.
Please be advised that some qRT-PCR tests are not suitable for those with a latex allergy. A latex warning is present on affected qRT-PCR test packaging. This can include symptomatic, asymptomatic and confirmatory qRT-PCR tests. There is not a latex issue if the person is being tested with a lateral flow device (LFD) test. Further details are provided below.

In line with existing government guidance, self-isolation can be ended if the below points are satisfied. Please note there are different conditions for an index and a contact case:

- All index (positive) cases, can exit self-isolation on day 7 regardless of vaccination status, if they have a negative LFD on day 6 and day 7 (taken 24 hours apart) and do not have a fever (48 hours).
- Fully vaccinated (two doses and booster dose 14 days prior) contacts (both household and non-household) will be asked to undertake daily LFD tests for 10 days from date of contact with the infected person and report these to their line manager.
- Unvaccinated or partially vaccinated contacts (those who have received 0-2 doses) will be asked to take a PCR test and regardless of result will be asked to isolate for 10 days, currently there is no option for staff in this category to exit self-isolation early.

Staff who can return should not work with individuals on the highest clinical risk list for the remainder of the 10 day period. The highest clinical risk groups include individuals on chemotherapy, those who are immune-suppressed such as pre/immediately post-transplant, those who have profound immune-deficiency. This does not apply to staff working with other individuals who are not eligible for the vaccine (such as neonates and young children or people who are exempt such as by having allergic reactions) but any such return needs to be risk assessed by the line manager.

Following two consecutive negative LFD tests prior to returning to work, Health and Social Care workers, who have been diagnosed as cases should pause twice weekly testing for 28 days from day 1 (date of symptom onset or test date if asymptomatic). If they are also required to PCR test weekly, they should also pause this for a period of 90 days.

What happens if my test is negative, but I have coronavirus symptoms?
All staff, should take a PCR test if they have symptoms of COVID-19, and have not received a positive LFD test. If a member of staff has symptoms and has tested positive on LFD they should be treated as COVID-19 positive and do not require a confirmatory PCR. If you have coronavirus (COVID-19) symptoms, please self-isolate as per Government advice. Only book a PCR test if you are symptomatic and have received a negative LFD, or you are classified as an unvaccinated contact: https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-testing
What must staff do if they are negative?
Staff who do not have symptoms of coronavirus (COVID-19) and test negative from a LFD test can continue to work normally. However, it is essential that they continue to follow the advice regarding infection prevention and control practices, including appropriate use of personal protective equipment (PPE), as set out in national guidance: [https://www.hps.scot.nhs.uk/web-resources-container/covid-19-infection-prevention-andcontrol-measures/](https://www.hps.scot.nhs.uk/web-resources-container/covid-19-infection-prevention-andcontrol-measures/)

Staff who return a negative result by LFD testing should not regard themselves as definitely 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 to 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](https://www.nhsinform.scot/self-help-guides/self-help-guide-coronavirus-covid-19)

Are the antigen LFD tests accurate?
Antigen lateral flow tests have been widely and successfully used to detect coronavirus in asymptomatic individuals. Using antigen LFD tests is crucial in the fight against the virus.

Extensive clinical evaluation has been carried out on antigen lateral flow tests. Evaluations from Public Health England and the University of Oxford show these tests are accurate and sensitive enough to be used in the community for testing and surveillance purposes.

Antigen LFD tests identify individuals who are most likely to be infectious. These individuals are thought to have a higher likelihood of spreading the virus to many people, and so identification by LFD tests remains important.

We continue to monitor and update guidance as further evidence becomes available. It is vital that staff continue to follow the relevant infection prevention control guidance. LFD tests are just one line of defence against the virus.

How accurate is the test?
LFD tests are highly specific, which means that only a very small proportion of people who do not have coronavirus will receive a positive result (false positive).

Clinical evaluation by Public Health England and Oxford University shows that the tests perform best when levels of virus are at their highest. When a person has low levels of virus in their system, lateral flow tests are less sensitive than some of the other tests we use, such as PCR tests which we mainly use for people with symptoms. When levels of virus are at their highest and people are most likely to pass on the disease, lateral flow tests can detect the vast majority of cases.

If you test positive on an LFD test, it is likely that you are infectious at that moment, whereas people testing positive on a PCR test could be less infectious in the early or
late stages of disease. This means that by using the lateral flow test we can identify people with a high viral load who are the most likely to spread the virus further.

**Additional Information for Staff**

**How many tests will staff get?**

*For Innova LFD Test Kits:*
The Innova LFD testing kits will arrive in boxes containing the following:
• 25 foil pouches containing the test cartridge and a desiccant
• two vials of 6 mls buffer solution
• 25 extraction tubes and 25 tube caps
• 25 sterilised swabs for sample collection
• The manufacturer’s instructions for use of the device (IFU). NB: you will receive instructions for healthcare workers separately from the box, and it is these that staff should follow instead.

*For Orient Gene7s LFD Test Kits:*
The Orient Gene LFD testing kits will arrive in boxes containing the following:
• x7 Sterile swabs inside a sealed wrappers
• x7 Test cassette in a sealed pouches
• x7 Extraction tubes with buffers
• x7 Nozzle caps
• x7 Plastic waste bag
• x1 extraction tube holder (reusable, so do not discard)
• The manufacturer’s instructions for use of the device (IFU). NB: for Orient Gene test kits, staff should follow the IFU.

*For Orient Gene20s LFD Test Kits:*
The Orient Gene LFD testing kits will arrive in boxes containing the following:
• x20 Sterile swabs inside a sealed wrappers
• x20 Test cassette in a sealed pouches
• x20 Extraction tubes
• x2 buffer bottles (solution from these 2 bottles are required to be portioned across all 20 tests)
• x20 Nozzle caps
• x1 extraction tube holder (reusable, so do not discard)
• The manufacturer’s instructions for use of the device (IFU). NB: Please disregard the IFU issued in the box and use the electronic instructions for use (eIFU) hosted on the Scottish Government web page and TURAS.

**How should I store my test at home?**
Both Innova and Orient Gene test kits should be kept at room temperature – not in direct sunlight and not in a fridge or freezer. The LFD devices and reagents can be stored at room temperature or refrigerated (between 2-30°C). Do not freeze any of the test kit components.
The LFD devices and reagents should be used at room temperature (between 15°C and 30°C). If the kit has been stored in a cool area, leave it to reach normal room temperature before using. Keep the test kit away from children and animals.

The shelf life of Innova and Orient Gene LFD test kits is 24 months from the date of manufacture. Expiry date information can be found on the test kit packaging, printed on the pouch and kit box after “EXP”. If the expiry date has passed, the LFD test kit should not be used.

Are there any lessons learned about how to avoid void tests?
There are two factors which cause a void or invalid test (i.e. no control line is produced):
- the inner membrane of the test strip is not coated properly
- not enough solution is dripped into the sample well on the device during processing

In order to reduce the risk of a void test the guidance for processing a test must be adhered to.

For Innova LFD Test Kits:
Ensure you complete 10 seconds’ worth of extraction of the sample. The lateral flow device cartridge must be on a flat and level surface throughout. Ensure the 2 drops of extracted sample fluid are air-bubble free before releasing them into the sample well of the lateral flow device cartridge. Check that the liquid can be seen seeping through the cartridge. The results should be read within the allocated time (20-30 minutes). Strong positive results can be reported at 20 minutes, however, negative results must be reported at 30 minutes.

For Orient Gene LFD Test Kits:
Ensure you press the tip against the edge of the extraction tube with force, while rotating it around the tube at least 6 times, before leaving for 1 minute to extract the sample. Make sure you place the lateral flow test cassette on a flat and level surface throughout. Ensure the 4 drops of extracted sample fluid are air-bubble free before releasing them into the sample well of the lateral flow device cartridge. Check that the liquid can be seen seeping through the cartridge. The results should be read at the allocated time (15 minutes). All results should be reported at 20 minutes.

What should staff do with a used test at home?
Negative LFD tests can be disposed of in domestic waste as normal (the extraction tube holder is reusable, so please do not discard). Positive tests should be double bagged and held for 72hrs before disposal in domestic waste. Regardless of whether the test is negative or positive, it should not be disposed of as clinical waste (i.e. in an orange bag) due to the presence of the test chemicals.

What should staff do with the used test in clinical settings?
Staff are encouraged to test at home to allow self-isolation to begin immediately in the event a positive result is received.
Any swabs, cartridges and devices associated with LFD testing are likely to be contaminated with liquid chemicals. This waste is not clinical, neither is it infectious waste, therefore it must not be placed in an orange bag, nor disposed of via the clinical waste route.

Due to the liquid chemical content it must be treated by municipal incineration i.e. ‘Energy from Waste’ from waste facilities. It is necessary for this waste to remain ‘visible’ in the waste management chain in order to prevent mishandling or inappropriate treatment (for example, landfill); therefore, where possible, it should be placed in a clear bag.

Where clear bags are not available you should speak to your local waste management team to agree an appropriate approach to achieve the desired treatment route (i.e. incineration). You will need to speak to the general waste contractor and ensure that this segregated waste is taken to energy from waste facilities, this may require separate arrangements to be made from other waste you produce. This may mean agreement to use other types of non-clinical waste bags such as white, black or other bags, as long as it is labelled as non-hazardous, chemically contaminated waste.

**What should staff do with the used test in primary care settings?**
For primary care and independent contractors, the number of staff undertaking twice weekly testing in situ should be taken into account. If only very small numbers of staff are undertaking the test on site, tests should be disposed of in the normal domestic waste stream, as per the At Home waste disposal guidance above. Staff are encouraged to test at home to allow self-isolation to begin immediately should a positive result be received.

**I have had a vaccine, do I still need to be tested?**
Yes. LFD testing should continue after vaccination. Vaccines reduce the risk of infection after 14-21 days but do not eliminate the risk of infection. Following a review of the clinical evidence in relation to both the AstraZeneca and Pfizer BioNTech vaccines, the Joint Committee on Vaccination and Immunisation has recommended that first doses of vaccine are prioritised for as many people as possible. This reflects the need to reach as many people in the shortest possible timeframe, providing a very substantial initial protection which, in most cases, is likely to raise them from 0% protected to at least 70% protected in typically 14-21 days.

This will be reviewed as we better understand the degree of protection, and duration, the vaccination provides, including whether it is still possible to transmit the virus if you’ve been vaccinated.

**Will the vaccine affect the test?**
The vaccination will not impact the test result.
What about other Infection Prevention and Control (IPC) Measures? What do staff need to do?
It is essential that all staff follow current national IPC guidance. This includes the extended use of face masks in both patient facing and non-patient facing areas, physical distancing and use of PPE and increased environmental cleaning. Staff should continue to be vigilant regarding good hand and respiratory hygiene and should immediately self-isolate if symptoms of coronavirus (COVID-19) develop. LFD testing is carried out in addition to these measures and in no way replaces other IPC measures.

Will testing be mandated?
No. Testing of staff is offered on a voluntary basis, however we would strongly encourage all eligible staff to undertake regular testing. It is important to reemphasise that testing is designed to reduce the spread of transmission, promote staff safety and the safety of patients and service users, in conjunction with other robust IPC measures.

Will my life insurance policy be affected if I agree to LFD testing?
The British Medical Association (BMA) and the Association of British Insurers (ABI) have released a joint statement on this matter. They have made it clear that healthcare workers should not be discouraged from having a test over concerns surrounding insurance policies:

“Each application for life insurance and income protection will be assessed on an individual basis, regardless of profession, and focused on the person’s health and severity of any symptoms at the time.”

More information can be found at: https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-life-insurance

How long do you expect the testing of Healthcare Workers to last?
We anticipate that the testing programme will continue for some time, until there is a wider population uptake of the vaccination, and COVID-19 transmission is at a much lower level rate.

Are testing kits latex free?
Both Innova and Orient Gene swabs (LFD kits) are latex free. The swabs are also supplied in sterile packaging, labelled as sterile, to protect from exposure to latex within the external environment. This means that if testing staff handling the test kit are wearing latex gloves there should be no impact on the swab itself. If any part of the swab packaging looks damaged in any way, please do not use the test and report this via the appropriate channel.

Some PCR testing swabs - while not containing latex-- may have been manufactured in areas that have previously handled latex. This applies to those kits that have been
distributed via the Department of Health and Social Care (DHSC) across care at home/housing support services.

The PCR kits affected will have a warning clearly stating this and we advise, although the risk is minimal, that staff who have a latex allergy do not use these kits. Where this arises we suggest that staff contact their employer in the first instance. Alternative LFD kits can be provided.

**Are there any hazardous substances contained within the device or the test kit ingredients?**

No. The products within the lateral flow test kit (including the devices themselves and the extraction buffer fluid) are not hazardous.

The swabbing and processing of a test does not inactivate the virus so caution should be taken when handling the test and when managing spillages as live virus may be present.

If a spillage does occur use a disposable cloth or paper towel, mop up the spillage and dispose of in the bag provided. The area should then be cleaned and disinfected, again the disposable cloth or paper towel should be disposed of in the bag provided.

For Orient Gene test kits the extraction buffer fluid is 97.6% water. The extraction buffer contains preservatives which may cause an allergic reaction in some people. If the solution makes contact with the skin or eye, wash with lots of water. If skin irritation occurs get medical attention.

For Innova test kits the extraction buffer fluid is composed of 97.9% water.

**Do the lateral flow device tests contain animal products or have they been tested on animals?**

The monoclonal antibody technology present in both Innova and Orient Gene lateral flow devices are necessarily generated from animal cells. This is in common with other tests of this kind, including commercially available pregnancy tests. The swab itself does not contain animal products.

During development, at no time have any component parts in the Innova or Orient Gene test kits been tested on animals. The Vegan Society advises vegans avoid using products made from animals as far as is practicable and possible and vegans should never stop taking prescribed medications without first talking to your doctor.

**Are the Innova and Orient Gene LFD tests halal?**

No animal products have been used in the production of the swabs that come into direct contact with the individual using the test.

The thin paper like material inside the LFD is coated with antibodies from animal cells. No direct contact will be made between the person and this material. The
monoclonal antibody technology present in our lateral flow devices are necessarily generated from animal cells. This is in common with other tests of this kind, including commercially available pregnancy tests. It is for individuals to make their own decisions based on their religious practises or dietary choices.

**Can remaining supplies of Innova 25 LFD test kits still be used?**
Yes, Innova 25 LFD test kits remain valid for use until their expiry date. Please ensure any remaining supplies of Innova 25 product are used up before starting to issue Orient Gene test kits. Please ensure the appropriate written instructions for use of Innova products for healthcare worker testing continues to be followed when using these test kits.

**What if nasal swabbing is not suitable for me?**
The Orient Gene LFD test requires nasal swabbing only. If nasal swabbing is unsuitable for you (for example because you suffer from nosebleeds or other adverse effects, or have nasal piercings), boxes of 7 Innova LFD tests can, in these circumstances, be used for throat only swabbing.

To access boxes of 7 Innova LFD tests, please first discuss with your Health Board LFD Testing Lead, who can order Innova branded kits from National Services Scotland (NSS). You should continue to ensure that you record your results on the healthcare worker online result recording portal (Welcome - COVID Testing Portal (service-now.com)).

**Implications of a Positive LFD Test**

**At what stage is Test and Protect informed of the result?**
The positive result of a LFD test will be used to initiate contact tracing. On receipt of the test result, NHS National Services Scotland will feed this result into the Case Management System which contains all the positive test case information. This system is used to undertake contact tracing. The person who has tested positive via an LFD will be treated as a confirmed positive case of COVID-19. For those who are symptomatic but return a negative LFD, a PCR test should be sought.

**Please be advised that some qRT-PCR tests are not suitable for those with a latex allergy.** Further details are provided above. A latex warning is present on affected qRT-PCR test packaging. This can include symptomatic, asymptomatic and confirmatory qRT-PCR tests. There is not a latex issue if the person is being tested with a lateral flow device (LFD) test.

All staff should stop testing after day 10 irrespective of their day 10 LFD result and pause routine testing for 28 day as above. The likelihood of a positive LFD test in the absence of a high temperature after 10 days is low, hence further testing is not advised.

If 2 consecutive negative LFDs have not been returned 24 hours apart by day 10, the HCW should return to work on day 11 irrespective of LFD test results.
However, if a person newly develops the main COVID symptoms (fever, new persistent cough, loss of, or change in, sense of smell or taste) in the 28 day period (when they are not testing twice weekly), they should do a PCR test. Note that this applies to NEW symptoms not ongoing cough, or taste/smell changes.

**What support is available for people self-isolating?**
The Scottish Government has taken a supportive approach towards helping people to self-isolate, in line with the latest evidence on compliance and to ensure that people are able to overcome any challenges an isolation period may present.

Support available includes:

- **The Self-Isolation Support Grant.** This is a one-off payment of £500 to people who earn less than the real living wage to help them self-isolate. The Grant is targeted at people on low incomes to support them through a period of isolation, and where they are unable to work from home.

- **Crisis Grants.** Local Authorities have the discretion to issue further crisis grants to people who are in urgent need of financial support and who don’t qualify for the above Grant, i.e. those with no recourse to public funds.

- **The National Assistance Helpline.** This is the Coronavirus Helpline which fields general calls and requests for assistance regarding COVID-19. People from across the country can call for support and the helpline will link in with their relevant local authority to assist people as required. The number is 0800 111 4000 and is available Monday to Friday, 9 am to 5 pm.

- **The Local Self-Isolation Assistance Service.** At the point of being contact traced, individuals can opt-in to receive support calls from their local authority. Councils can then provide people with support when they need it in the areas of food and essential medicine delivery, in addition to other services which may be required such as befriending or dog-walking.

In addition, the Scottish Government has provided additional funding of £15 million to GP practices to help them cope with extra pressures arising from coronavirus. This includes funding for locum cover for sickness leave and staff who are self-isolating.

**What are the plans to expand support?**
The Scottish Government recently announced plans to expand support, including the expansion of eligibility for the Self-Isolation Support Grant to include people who earn less than the real living wage. They also announced that they will work with Public Health Scotland to develop a notification system which employees can then share with employers to provide a government communication that the individual has to self-isolate. All employers should be supporting isolation, and the Government is currently looking at further measures to ensure that all employers comply, including working with businesses and trade unions to enforce a consistent approach.
The Government also announced regular tracking of an expanded set of Scotland specific data, which will report regularly, and a public-facing media campaign to outline support available to citizens.

Where should people who are self-isolating go for support, in the first instance?
They should contact their local authority or the National Coronavirus Assistance Helpline on 0800 111 4000. Please note the helpline is open from Monday to Friday, 9 am to 5 pm.

If a staff member has a positive PCR COVID-19 test, when should they start the LFD tests again?
Please be advised that there has been a change to the guidance on exemption from LFD testing within 90 days of a positive PCR test. Staff members should continue to LFD test twice weekly within 90 days of a positive PCR result. If a staff member has a positive LFD result or has new symptoms, then they should isolate, an LFD positive test should be treated as a confirmed positive case of COVID-19.

Are we asking potentially positive staff to come to hospitals for a confirmatory PCR test?
No, if a staff member tests positive via an LFD test they are considered a confirmed positive COVID-19 case. A PCR test is only required for the following reasons:
- If a HCW is symptomatic and tests negative via a LFD test
- If a member of staff is a contact (either household or non-household) and are they not fully vaccinated
- If a person newly develops the main COVID symptoms (fever, new persistent cough, loss of, or change in, sense of smell or taste) in the 28 day period, they should do a PCR test. Note that this applies to NEW symptoms not ongoing cough, or taste/smell changes.

NHS Boards should use their normal processes to access PCR tests for healthcare workers in their area. These processes assume that staff may be infected with COVID-19 and therefore suitable IPC and PPE will be in place. Staff should continue to isolate until they have the results of the PCR test.

If a healthcare worker tests positive, will their colleagues be expected to self-isolate too?

Fully vaccinated contacts
If a member of staff is a contact of a case, they should take an LFD test. If this test is negative and provided they have no COVID-19 symptoms or fever they can attend work Coronavirus (COVID-19): General advice | NHS inform with the agreement of their line manager according to a risk assessment.

An exemption from self-isolation exists for contacts who have been diagnosed as a COVID case in the past 28 days, even if they are fully vaccinated and they must follow the testing guidance for positive cases.
However as an additional safeguard, they will also need to take daily LFD tests for 10 days and report these to their line manager. If an LFD test is positive, or the individual develops symptoms within the 10 day period, they must follow the self-isolation guidance for index cases as detailed in Part 2 of this guidance. This includes re-setting their day 1 self-isolation date to the date of the positive test or onset of main COVID symptoms.

After the 10 day period as a contact, staff should continue to take an LFD test twice weekly and can continue to work if they have a negative result.

If an LFD test is positive, or the individual develops symptoms within the 10 day period, they must follow the self-isolation guidance, detailed in the section above, for index cases.

**Unvaccinated or partially vaccinated (0-2 doses) Contacts**

Unvaccinated or partially vaccinated contacts are defined as those who have received between 0 and 2 doses of vaccine for COVID-19.

If a staff member is a contact of a case, they should undertake a PCR test, as soon as possible, upon finding out they are a contact. If they are not fully vaccinated they should not attend work and should complete their 10 day self-isolation period. There is currently no option for staff who are not fully vaccinated and are identified as a contact to exit self-isolation early.

An exemption from self-isolation exists for contacts who have been diagnosed as a COVID case in the past 28 days, even if they are not fully vaccinated and they must follow the testing guidance for cases.

If a member of staff develops symptoms or tests positive during their 10 day isolation period as a contact, they should follow guidance for ‘Index Cases’ as detailed on page 2 of this guidance and re-set the self-isolation period.

**What should a staff member do if they continue to get invalid or inconclusive results?**

When an invalid result is observed, the test should be repeated with a new test kit. However, if this issue persists and an individual continues to get invalid results, they should request to be observed by a trained healthcare colleague whilst they administer the test to identify if additional support or training requirements. The test kit should also be replaced in case there is an issue with the batch in question.

**Implications for Other Testing Routes**

**PCR tests are more reliable, why aren’t you using these?**
PCR tests are more sensitive than currently available LFD tests for COVID-19. That means that they can be done less frequently. But it also means that they may continue to detect viral fragments once someone is no longer infectious. Furthermore, LFD tests have been validated in asymptomatic testing.

Modelling work suggests that LFD tests taken every 3 days prevent a similar amount of transmission compared to PCR swabs taken every 5 days, assuming that all symptomatic persons self-isolate upon onset.

**Will staff who are currently PCR tested now be tested using LFD tests?**

**Staff who are participating in research studies**
Staff who are participating in studies, such as SIREN, should continue their current method of testing via PCR testing in line with study protocols. However, staff will also be offered the opportunity to be tested using LFD (in addition to their twice monthly PCR test), so they too can access twice weekly testing.

**If staff have undertaken an antibody test and the results have indicated they have antibodies, should they still undertake LFD testing?**
Yes, staff should still undertake twice weekly LFD testing.

At present, even if someone has previously had COVID-19 (and hence has antibodies), we don’t yet know if that protects them from reinfection, or for how long. And the LFD test measures infection (i.e. antigen), not antibody, so a positive result indicates likely active infection.

Please be advised that there has been a change to the guidance on exemption from LFD testing within 90 days of a positive PCR test. Staff should continue to LFD test twice weekly within 90 days of a positive PCR result.

**What if I was previously accessing testing as an adult care home visiting professional?**
Primary care staff who previously accessed LFD testing as adult care home visiting professionals should now use the “Primary Care including Independent Contractors” pathway, and should ensure their tests are recorded as such on the [online portal](https://www.gov.scot) from 22 February 2021.

Care Homes will not require professional visitors who are testing via this pathway to undertake additional testing on arrival at the Care Home, but may ask visiting professionals to confirm that they are participating in the testing programme. It should be noted that LFD testing of professional visitors is not a mandatory requirement but a recommended one - and entry should not be refused on this basis as long as the correct PPE is worn and infection prevention and control principals are adhered to as per national guidance.
Information for students on clinical placements

We have students on clinical placements, are they included and who do they report their tests results to?
Any students on placement should be offered the opportunity to be part of the LFD testing programme whilst on placement. All test results should be recorded via the online portal. Positive results should also be reported to their workplace supervisor whilst on placement as well as their university. If they are required to be absent from placement, they must follow their university’s absence policies.

How will you test students on clinical placements?
All students on placement are included in the LFD testing programme. Students on placement will require to collect their test kit and be provided with information on how to access training materials on the first day in the placement setting. Students may require more support and may prefer to test themselves in the workplace. Boards should take this into account in their local delivery plans.

Do students require a negative test result before starting their placement? It is expected that students on placement will be provided with their LFD tests and information on how to access training materials on their first shift. This is to ensure tests are conducted correctly and to provide an overview of how to capture results.

What training will students receive in relation to self-testing?
Students will be supplied with training materials developed by NES and, in the case of Orient Gene 20 test kits, instructions for use will be provided in addition to being available online via TURAS and Scottish Government websites, these differ from the manufactures instructions for use contained in each box which should be destroyed. This should allow participants to then self-administer the tests either at home, or in the workplace.

Any staff member who needs support undertaking the test should be provided with appropriate support and training and observed on the first occasion. It is recommended that students are observed by a trained healthcare colleague the first time they administer the test to identify early on if additional support is going to be required, or if they are unable to perform the test for whatever reason.

Information for Primary Care Independent Contractors:

Who is eligible for testing?
The scope of the healthcare worker pathway includes:
- All NHS Scotland staff (patient and non-patient facing)
- NHS24 and Scottish Ambulance Service call handlers
- Patient facing primary care independent contractors - general practice, dentistry, optometry and pharmacy. Please note primary care staff currently are required to be patient-facing in order to access testing.
Retail workers in primary care settings are only eligible for LFD testing under this scheme if they are directly involved in the provision of healthcare services, for example pharmacy counter staff.

**How will Test Kits be provided to independent contractors?**

All primary care independent contractors will receive supplies of LFD test kits based on an estimate of patient-facing staff numbers. Existing supplies of Innova 25 and Orient Gene 7 LFD test kits remain valid for use until their expiry date and any stocks should be depleted before staff are issued with Orient Gene test kits. Test kits will be provided directly to individual premises for onwards distribution to staff. If insufficient test kits are provided, NHS National Services Scotland (NSS) should be contacted by phone on 0800 008 6587 or by email at nss.CovidTestingPortalCare@nhs.scot to arrange additional supplies. In due course it is intended that contractors will access LFD test kits via PECOS, where available.

The 22 February 2021 deadline for contractors to opt-out of receiving test-kits following consultation with all patient-facing staff has passed. Contractors who have previously opted-out but now wish to participate in the programme can do so by contacting nss.CovidTestingPortalCare@nhs.scot. If any eligible staff subsequently wish to participate in routine testing, we expect contractors to support them in doing so. Staff can also contact nss.CovidTestingPortalCare@nhs.scot directly to access testing if necessary.

For reassurance, information on individuals choosing to participate or not participate in testing is protected under data protection however business level information about whole practices who decide not to participate maybe subject to an FOI request.

If contractors receive kits that they cannot (or do not wish to) use they can return kits by contacting NSS on 0800 008 6587 or at nss.CovidTestingPortalCare@nhs.scot. NSS will arrange for a return label to be send out. Alternatively excess kits can be retained for future use by current staff or for use by visiting locums, students etc.

**How should primary care locums access testing?**

In the first instance primary care locums should access testing via a practice or pharmacy with which they have an ongoing relationship. Contractors can order test kits from nss.CovidTestingPortalCare@nhs.scot specifically to provide to locums if necessary. Where the locum works in an Out of Hours Hub or Community Assessment Centre, in addition to within primary care, they will be able to access supplies of test kits within these environments.

Optometry, General Practice and Dentistry locums have been contacted by the relevant Health Board to outline the process for locums to access LFD testing in their
Health Board area. Pharmacy locums should contact NSS directly at nss.CovidTestingPortalCare@nhs.scot to access LFD testing, providing their GPhC number, name and postal address.

Who should independent contractors contact for more information or support? Primary Care Independent contractors are responsible for allocating test kits to staff and ensuring appropriate training is provided supported by resources developed and made available by NHS Education for Scotland (NES) and detailed further in this document. These resources are available here. Contractors should contact PrimaryCareLFD@gov.scot for additional support or to escalate clinical or serious incidents or spurious results. Queries or concerns regarding delivery of test-kits should be sent to nss.CovidTestingPortalCare@nhs.scot.

How should primary care staff record their tests on the online portal? Primary care staff should select “Primary Care including Independent” on the online portal as the most relevant reason for taking the test. They should then select the area of independent and general practice they work in from the drop down list. The option for primary care staff on the portal will go live on the 22 February 2021. From this date, primary care staff who may have previously used other pathways to access testing such as “Healthcare Worker” or “Care Home – Visiting Professional” should no longer do so.

What if I have more than one working location? If you work in more than one location, you should select your primary working location from the drop down list on the online portal. You should still provide your current working location even if you are not employed by the relevant NHS Board.

Quality and Contents of Test Kits

Please be advised that some qRT-PCR tests are not suitable for those with a latex allergy. Further details are provided above. A latex warning is present on affected qRT-PCR test packaging. This can include symptomatic, asymptomatic and confirmatory qRT-PCR tests. There is not a latex issue if the person is being tested with a lateral flow device (LFD) test.

How are the tests quality assured? Quality assurance audits of the test kit has been agreed and is managed nationally.

What should I do if the test kit is defective or causes an adverse event? Report it through your local adverse event reporting system. In primary care settings, adverse events should be notified to NHS National Services Scotland at nss.CovidTestingPortalCare@nhs.scot if related to deliveries (e.g. items are missing, broken or damaged) or to Board LFD leads for other concerns.

These reports will enable the responsible manager to investigate and identify mitigating actions. You should also report any suspected side effects of medical devices used in coronavirus treatment, or issues relating to spurious results, to NSS.
IRIC to ensure safe and effective use. IRIC is responsible for prompt onward notification of Scottish incident data to MHRA. Arrangements should also be in place with LFD testing lead to rapidly notify complaints to National Procurement.

Please note that the manufacturer’s instructions for use included in the Orient Gene LFD test kits directs users to contact the MHRA via the yellow card scheme if they are harmed by a lateral flow device. In Scotland the appropriate pathway is to notify NSS IRIC.

For Orient Gene 20 test kits, the manufacturer’s instructions for use should be destroyed. Instructions for use for healthcare workers are accessible via TURAS and Scottish Government webpages.

**Performance Monitoring**

**How will you monitor test results?**
The results from the LFD test will be documented by the individual digitally via an online portal. Data from these devices will flow to NHSScotland for use in reporting and any required systems integration. The portal is accessed via this web link (www.covidtestingportal.scot) so that anyone can use their own device to record the results. Guidance on how to use the portal is included in the instruction guide developed by NES.

In response to your feedback, you can now create user accounts in the system. When you create these accounts we will gather all your personal information at the start. Once logged in the system will remember you and you will only need to give us details of the particular test you are reporting. In addition, you can also now upload a number of tests to us at once using a preformatted spreadsheet. This is intended to support areas where testing data is being collected centrally before being uploaded.

Our privacy notice has also been updated, and you should read this to understand how we manage your data. There is a link on the front page of the portal.

**Why do I need to record negative and inconclusive tests?**
It is vital for performance monitoring purposes that you record the outcome of every test. This gives an indication of both the level of testing across Scotland and provides key data on effectiveness. Tracking the numbers of positive results being reported against the total number of tests being taken helps us to spot patterns and identify outbreaks more quickly. If people only tell us positive results, virus case levels look higher than they really are.

Furthermore, inconclusive data can help to identify any quality assurance issues with kits, or highlight a need for further training.
Do I still need to record the serial number (QR code number) on my test when inputting results?
No. Following feedback from Boards, we have removed the need to capture the serial number (QR Code number) of each individual test. Each box of kits will be tracked using the ID number instead, please be aware that when entering these numbers that the system is case sensitive.

For Orient Gene test kits please ensure you enter the lot number provided on the outer cardboard packaging of the test kit, not the ID Number printed on the individual test cassette. Staff should enter the results of Orient Gene test kits on the online portal.

What if I record a result as positive by mistake on the portal?
If you mistakenly record a negative result as positive, then you should undertake a further LFD test and record the correct result in the portal. Because a positive result was initially recorded, it is likely the contact tracing team will contact you. If they do you should explain that there was a mistake. There is no need for you to isolate unless of course the second test result was positive in which case you should self-isolate. You should also speak to your manager and explain what happened.

What information should employers capture when they issues LFD test kits to staff?
Boards and primary care independent contractors, should keep a record of how many staff have been issued with LFD kits. This will ensure an appropriate audit of number of kits distributed to staff.

When issuing LFD test kits, Boards must ensure the following information is recorded: LOT number (written on the test packaging), number of LFD kits distributed, date of distribution and site / event distributed. Confirmation that staff are aware of how to access training materials will also be required. For primary care independent contractors, the number of staff participating in the testing programme should be taken into account. If only very small numbers of staff are undertaking testing, a formal data gathering process may not be proportionate.

Wider use of LFD tests

Can these tests be used for patients?
Rapid Diagnostic Testing (including point of care tests (POCT), lateral flow device (LFDs) and PCR tests can be used to support patient care.

Can staff use the tests for their symptomatic family members?
No, the LFD kits are for the sole use of the individual staff member. Family members who have symptoms should access tests in the normal way.

Can tests be used as a response to COVID-19 outbreaks?
Should an outbreak be declared in your organisation, testing regimes should be discussed in line with your normal organisational response and local Incident Management Teams.

**Why haven’t you introduced wider healthcare staff testing before now?**
This expansion is possible because of increases in our testing capacity – both that delivered through our laboratories and that presented by new testing options.

Given that we now have access to significant numbers of LFD tests, we are able to expand routine asymptomatic testing to other groups, including all healthcare workers as a priority, and to increase the frequency of staff testing to twice weekly.

Asymptomatic healthcare staff are already offered testing if in an outbreak situation, or weekly in certain specialties.

**Why am I using a different type of LFD test kit than others in my household?**

Different types of LFD test are being used for different testing pathways, including healthcare worker, workforce and schools testing. This may mean that different members of your household are being asked to use slightly different types of LFD test. Please ensure you are using the appropriate instructions for use for each LFD testing product, as instructions differ slightly between products.

All LFD tests that successfully pass through the multiple stage PHE validation process are safe to use and have been shown to exhibited performance characteristics desirable for mass population, community-based testing.
## ANNEX A

### Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Summary of Changes</th>
<th>Reviewed By</th>
<th>Date</th>
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<tbody>
<tr>
<td>1.0</td>
<td>Scottish Government</td>
<td>Interim FAQ</td>
<td>Expanded Healthcare Worker Testing Programme Board</td>
<td>09/12/20</td>
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<td>1.1</td>
<td>Scottish Government</td>
<td>Update to wording following comments from Programme Board members in relation to:</td>
<td>Pathway lead for expanded healthcare worker testing</td>
<td>18/12/20</td>
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<td></td>
<td></td>
<td>• Change to isolation requirements</td>
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<td>• Update on waste disposal</td>
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<td>• Clarify requirement for LFD testing if already undergoing weekly PCR testing position</td>
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<td>• Inclusion of question on antibody testing</td>
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<td>• Expanded scope to include COVID-19 vaccinators</td>
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<td>Update to wording following comments from Programme Board members in relation to:</td>
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<td>• Clarify requirement for continued LFD testing once vaccinated</td>
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<td>• Inclusion of question on the importance of data capture</td>
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<td>• Inclusion of question on recording an incorrect result on the portal</td>
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<td>• Inclusion of extended ‘Students on clinical placements’ section</td>
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<td>• Further detail on how to set-up Autofill feature to remove the need for repeated data input</td>
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<td>• Expanded scope to include Community Workforce and District Nurses</td>
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<td>• Further emphasis placed on importance of following IPC measures and national guidelines even if you receive a negative result.</td>
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<td>• Recognition of other emerging studies on efficacy of LFD tests.</td>
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<td>• Updated link to Oxford University research on sensitivity.</td>
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<td>• Further clarity for staff partaking in PCR and LFD tests simultaneously. These groups would have one LFD test and one PCR test per week.</td>
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<td>• Lot numbers are case sensitive, staff need to be aware of this when inputting data.</td>
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<td></td>
<td>• Update to contact tracing policy. Contact tracing will now commence from the positive LFD test result.</td>
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<td>• MHRA Coronavirus Yellow Card reporting site added.</td>
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<td>• Pathway scope further expanded to include additional staff groups</td>
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<td>• Additional information on support available for people self-isolating</td>
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| 1.4 | Scottish Government | Update to wording following expansion of pathway to include primary care independent contractor workforce including:  
• Clarification of best practice that staff are supervised the first time they undertake a LFD test.  
• Advice regarding waste disposal in primary care setting  
• Clarification of testing arrangements for care home visiting professionals  
• Information regarding delivery mechanism of LFD test-kits to primary care premises  
• Data gathering requirements for primary care context  
• Expectations regarding supporting staff monitor 90 day period following positive PCR test in primary care setting  
• Training and adverse event contacts for primary care added  
• Information regarding how primary care staff should utilise the portal | Pathway lead for expanded healthcare worker testing | 15/02/21 |
| 1.5 | Scottish Government | Update to wording following comments from NSS IRIC in relation to the Scottish process for alerting to incidents. | Pathway lead for expanded healthcare worker testing | 17/02/21 |
| 1.6 | Scottish Government | Update of wording to include Whole Genome Sequencing information.

Updated to reflect additional comments from the Test and Protect Pathways Design Authority and the Scottish COVID Testing Clinical Governance Group

Updated to include hyperlinks to online recording portal. Updated to include NES contact details for additional support for training.

Updated to include link to NES training material more prominently.

Updated to include information regarding delivery of test-kits to primary care independent contractors, and to include new SG mailbox for independent contractors to contact for additional support. | Scottish COVID Testing Clinical Governance Group |
|---|---|---|
| 1.7 | Scottish Government | Updated to include information on the use of latex in PCR test swabs

Updated to clarify Whole Genome Sequencing information. | Pathway lead for expanded healthcare worker testing | 15/03/21 |
<table>
<thead>
<tr>
<th>Version</th>
<th>Scottish Government</th>
<th>Updated information on ePortal changes.</th>
<th>Pathway lead for expanded healthcare worker testing</th>
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</table>
| 1.8     | Updated to include expansion of pathway to all NHS Scotland healthcare workers.  
Updated information on the use of latex in PCR test swabs.  
Primary care information updated re: access to testing for locums, practices that have opted out of testing, and NSS mailbox.  
Updated information on the NSS mailbox for primary care contractors. | Pathway lead for expanded healthcare worker testing | 29/03/21 |
| 1.9     | Updated to reflect the transition in LFD testing product from Innova 25s to Orient Gene 7s.  
Updates to reflect transition of primary care testing to BAU. | Pathway lead for expanded healthcare worker testing | 16/08/21 |
| 2.0     | Updated to reflect change from twice weekly LFD testing to daily testing, move to Orient Gene 20 LFD testing kits and change to the guidance on exemption from LFD testing within 90 days of a positive PCR test. | Pathway lead for expanded healthcare worker testing | 13/12/21 |
| 2.1     | Update in line with reverting back to twice weekly testing for HCWs and changes to self-isolation policy. | Pathway lead for expanded healthcare worker testing | 18/02/22 |
| 2.2 | Scottish Government | Update in line with removal of weekly asymptomatic PCR testing for HCWs and changes to Scottish Winter Respiratory Infection Prevention Control Guidance. | Pathway lead for expanded healthcare worker testing | 31/03/22 |