Testing to enable key workers to return to work

Why aren't you testing key workers who don't have symptoms?

The tests we have available are effective at identifying people who have COVID-19, but only when they are symptomatic. However, the current tests cannot reliably detect infection prior to the onset of symptoms, nor can they tell us whether a person has had the infection once symptoms are resolved.

Will you also be testing other critical workers from professions beyond the NHS, like oil workers and teachers?

We are working hard to increase capacity to use testing to get critical workers in isolation back to work. My officials are keeping this policy under daily review, but we will have to make difficult choices.

Why aren't there enough tests to test all key workers?

Our NHS labs are working hard to maximise the number of tests we can do, and we are actively exploring a range of options to increase capacity.

Capacity is increasing, and we expect to be able to undertake 3,200 tests daily by around the end of April.

What happens if the household member refuses to be tested?

Normal arrangements for consenting to testing apply, which means that consent would need to be sought from the patient or their guardian. If consent is not given, the test will not be performed.

How will NHS and Social Care staff be tested?

NHS territorial boards will put in place appropriate local arrangements.

What should key workers do if they are worried they have COVID-19?

Key workers, and indeed all of us, should follow the current advice about self-isolation. [DN – would be good to include some standard terminology here about what to do if you think you've got it]

TESTING / ENHANCED SURVEILLANCE

NOTE: Our approach to testing is set to: ensure our testing capacity is directed in the most effective way to protect those most vulnerable and to save lives; and ensure that the most critical staff in the public sector workforce can be at work.

- There are 3 laboratories staffed with trained personnel currently processing 780 tests per day, with plans to expand this capacity by bringing the additional laboratories across Scotland on-line and using commercial testing systems.
- This would bring the today daily capacity to 2,010 tests per day progressively over the next 5-6 weeks.
- Proposals are being developed that seek to achieve these objectives and work is in hand to both scope the range of critical staff and explore how best to increase laboratory capacity in Scotland.
- HPS are currently exploring additional private sector laboratory capacity. There is less available in Scotland than elsewhere in the UK, but they are considering if there are opportunities to outsource some of the more routine activity to free up capacity in the public sector labs.

Surveillance - The primary objective of any surveillance is to monitor and report on the prevalence of the virus in the population.

- Work is already underway to build on the existing sentinel programme that is being undertaken within 41 GP practices in order to expand the reach to around 1.2 million people. This will provide us with critical information to understand the rate of change of the incidence of the virus in the population to gauge the effectiveness of any interventions.

Top Lines

- The NHS already has a significant programme of testing underway.
- This covers patients in hospital with upper respiratory related condition.
- We are expanding this programme to cover critical frontline NHS and social care staff, and workers in other critical areas.
- We are scaling up Covid-19 surveillance testing which will give us a more accurate picture of how the infection is spreading in certain areas.
- We are working to expand capacity in our laboratories to enable up to 3,000 tests per day, up from current capacity of 780 tests per day.
- We will ensure that all NHS staff know exactly what the testing arrangements will be and how they can access them.
- We are working at pace to make sure that the arrangements are in place and that we have the capacity to process the tests.
- Monitoring will also continue through our laboratories and will be targeted on the following further groups:
    - admissions to hospital;
    - admissions to intensive care;
    - community testing dependent on circumstances, for example specific situations such as a nursing home outbreak.
- We currently have two testing facilities for coronavirus, one in Edinburgh and one in Glasgow, which has increased the speed of returning results.

The European Centre for Disease Control has said testing approaches will be adapted for different local and national circumstances

- The Centre's recommendations say:
  QUOTE: *"Countries across the EU/EEA might be in different scenarios, even within the same country, and testing approaches will be adapted to the situation at national and local level. National authorities may decide to only test subgroups of suspected cases based on the national capacity to test, the availability of necessary equipment for testing, the level of community transmission of COVID-19, or any other criteria."*
- The Centre also described our prioritisation approach as "rational".
- **QUOTE:** *"As a rational approach, national authorities may consider prioritising testing in the following groups: hospitalised patients with severe respiratory infections; cases with acute respiratory infections in hospital or long-term care facilities; patients with acute respiratory infections or influenza-like illness in certain outpatient clinics or hospitals in order to assess the extent of virus circulation in the population; elderly people with underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, and immunocompromising conditions."*

TESTING (as at Xpm on 19 March)

- The NHS already has a significant programme of testing underway.
- We are working to expand capacity in our laboratories to enable up to 3,000 tests per day, up from current capacity of 780 tests per day. *(CM: updated from official FMQ record)*
- This covers patients in hospital with upper respiratory related condition.
- We are expanding this programme to cover critical frontline NHS and social care staff, and workers in other critical areas.
- We will ensure that all NHS staff know exactly what the testing arrangements will be and how they can access them.
- We are working at pace to make sure that the arrangements are in place and that we have the capacity to process the tests.
- This programme will be guided by the best scientific and clinical advice to ensure effectiveness.
- We are working with all four nations to ensure consistency.
- We are scaling up Covid-19 surveillance testing which will give us a more accurate picture of how the infection is spreading in certain areas.
- This will help direct where we can best place resources to save lives.
- This surveillance will be increased 5-fold to give an accurate overview of an area with a population of around 1.2 million people.
- Monitoring will also continue through our laboratories and will be targeted on the following further groups:
    - admissions to hospital;
    - admissions to intensive care;
    - community testing dependent on circumstances, for example specific situations such as a nursing home outbreak.

Ailidh - I have a 7 year old son asthma and obstructive hypertrophic cardiomyopathy. We were out of hours on Monday night. We were told to assume that he has Covid 19. Can I just ask the First Minister when mandatory tests will become available?

- The NHS already has a significant programme of testing underway.
- We are increasing that programme of testing in response to the scientific advice given the stage of the infection curve we are in.
- We are focusing on testing those in hospital and key workers
- We are working to expand capacity in our laboratories to enable up to 3,000 tests per day, up from current capacity of 780 tests per day.
- We are working with the UK Government to see what further testing methods we could utilise to maximise the number of people we could test.
- We are also scaling up surveillance testing which will give us a more accurate picture of how the infection is spreading in certain areas.
- This will inform our future handling of measures, such as the current social distancing requirements.
- Community testing will continue to be dependent on circumstances.
- For example where specific situations require it, such as an outbreak in a nursing home.

Points of Action from SGoRR meetings within scope of the request– provided as extract below:

Sunday 1st March

- **Action Point 16: Case Numbers Reporting**
  Health Protection team to continue reporting as previously, with number of tests concluded, confirmed cases and tests under investigation.

Monday 16th March

- **Action Point 37: Testing of Key Workers**
  To take forward testing policy for key workers

  Progress Note: Laboratory set up and ready to go in to ramp up testing for Scottish NHS workers. 12/04/2020 - Work is now led by Director for Covid-19 Testing. - see action 44 for further detail.

Thursday 19th March

- **Action Point 44: Testing Plans**
  To advise Ministers urgently on plans for testing.

  Progress Note: Laboratory set up and ready to go in to ramp up testing for Scottish NHS workers. 12/04/2020. Now managed by , Director for COVID-19 Testing. Submission on the progress increasing testing capacity and prioritisation matrix circulated to health directors and policy hubs on 11/04. Feedback is required by 15/04.

Relevant Extracts from Cabinet Papers, 1 February to 31 March 2020:

1. Extract from Cabinet SCANCE* paper:

(* Scottish Government Analysis of News and Current Events)

18 FEBRUARY 2020

HEALTH AND SPORT

Laboratory testing is now available in Edinburgh and Glasgow for COVID-19, and all Scottish samples are now being sent to these laboratories for testing. Test results should be known within 24 hours and positive tests will be sent to Public Health England's laboratory at Colindale, as the designated laboratory under international health regulations, for confirmatory testing. Nevertheless, public health actions for presumptive positive cases will be initiated immediately upon a positive test result in Scotland, without waiting for confirmation from Colindale.

2. Extract from Cabinet decision paper:

10 MARCH 2020

EMERGING EVIDENCE TO INFORM COVID-19 RESPONSE

5. A COVID-19 action plan was published last week which set out the various phases in which the UK would respond to any outbreak. This included measures to *contain*, *delay* and *mitigate*. Due to there being no vaccine or validated anti-viral treatment, there is currently no *prevent* or *treat* option. Although we are currently in the contain phase, it is likely we will be moving soon to delay which will include not testing individuals who are symptomatic and ceasing all contact tracing activity. The decision to move will be guided by evidence provided by the Scientific Advisory Group for Emergencies (SAGE) who advise both the UK and Devolved Governments. The latest information they have provided outlines that the reasonable worst case scenario (if no mitigating actions were taken) would result in the following:

[…]

Phasing of measures

12. Based on current best scientific evidence, to deliver greatest effect, the measures may be implemented in the following sequence:

- Phase 1 – advise all with clear symptoms suggesting respiratory infection to stay at home (existing guidance; we are in this phase);
- Phase 2 - advise all with *mild* symptoms to stay at home (no testing);
- Phase 3 – "social distancing" measures to advise those over 70 years old and those currently eligible for the flu vaccine to stay at home;
- Phase 4 – advise whole households to stay at home if anyone is presumed to be symptomatic (mild).

3. Extracts from Cabinet minutes:

18 FEBRUARY 2020

2019 Novel Coronavirus, COVID-19

[…]

16. While nobody had yet tested positive for COVID-19 in Scotland, it was very likely that cases would emerge over time. Extensive work was now under way, in collaboration with regional partners, to prepare for any outbreak in Scotland. The protocols designed for dealing with pandemic flu had been invoked, given current levels of uncertainty about how COVID-19 would develop. Planning included work to assess the vulnerability of the social care sector. In addition, the capacity of testing facilities, which were now operational in both Edinburgh and Glasgow, could be increased to meet demand, if required.

10 MARCH 2020

Emerging Evidence to Inform COVID-19 Response

[…]

7. Most people who caught the virus were likely to have only mild symptoms. However, it was fully recognised that there were some population groups – notably among the over 70s and those with underlying health conditions – who would need to be afforded additional protection. During the 'contain' stage, the advice was that all those with clear symptoms suggestive of a respiratory infection should remain at home (*Phase 1*). The three, successive phases that were likely to be proposed (as described more fully in paragraph 12 of the paper) were:

- *Phase 2:* Home isolation for those with mild symptoms (with no testing or contact tracing required);
- *Phase 3:* 'Social distancing' for people over 70 years old and the vulnerable (broadly defined as those currently eligible for the influenza vaccine); and
- *Phase 4:* Whole household isolation, in the event that any member was presumed to be symptomatic.

[…]

13. The Chief Medical Officer emphasised that testing and contact tracing were vital at this stage: unexplained cases, where no link to a known source could be identified, were likely to sit at the apex of a 'pyramid' of a far higher number of undetected cases: this was likely to be indicative of the start of sustained community transmission.

24 MARCH 2020

COVID-19: Coronavirus Update (oral)

[…]

11. There were now 584 confirmed cases in Scotland, and two further deaths had occurred overnight bringing the total number of deaths in Scotland to 16. Some 23 patients were currently under treatment in Intensive Care Units. It was probable that around 1,000 times the number of cases of the virus were circulating in the community as the number of confirmed cases. Overall, there was likely to be a significant underestimate in the number of reported cases, especially where people were currently asymptomatic or had only mild symptoms. The programme of testing was being stepped up in order to improve the accuracy of community surveillance. The proportion of the population infected was still behind the infection rate in London, but numbers in Scotland were likely to increase very rapidly over coming weeks.

31 MARCH 2020

COVID-19: Coronavirus Update

12. […]

(i) Testing for COVID-19 infections continued to progress more rapidly in Scotland than the overall UK rate, but the testing programme still presented challenges. There were robust plans to increase the level of testing for active cases of COVID-19 infection, both in NHS facilities and in some other laboratories. There was, however, always likely to be more demand than supply, and the primary focus would remain on NHS and social care staff and on improving the accuracy of community surveillance, although there was a keen awareness of the impact of widespread staff absences in other critical areas (such as the prison service and the police);

(j) When antibody testing became widely available (which could take some months), this form of test would determine whether the person tested had already been infected and recovered from COVID-19, including those who had been asymptomatic or had shown only mild symptoms. Assuming that those who had recovered would have at least short-term immunity from re-infection, antibody testing might, for example, allow NHS and other critical staff to return to work and could, in the longer term, form part of a wider return to a more normal life (although how this might happen had not yet been explored). The scientific evidence on which to base such decisions was, however, not yet fully established.