



Guidance for NHS Boards

Testing for COVID-19 Infection to Enable Key Workers to Return to Work.

Purpose

1. To provide guidance COVID-19 testing capacity to enable key Health and Social Care workers to return to work.
2. Please note – further guidance on testing prioritisation will be issued in the weeks to reflect changing circumstances. Therefore you should expect this guidance to be superseded in due course.

Background

3. The Scottish Government has identified 3 priorities for testing;
 - 3.1. Directing our testing capacity effectively to save lives and protect the vulnerable;**
 - 3.2. Ensuring that critical staff can return to work as soon as possible;**
 - 3.3. Monitoring and reporting on the spread and prevalence of the virus in the population and the impact or public health measures. (surveillance)**
4. Work is underway to increase NHS testing capacity in Scotland, from about 700 samples each day to about 3,200 samples each day by the end of April. Work is also underway to explore testing using non-NHS resources.
5. NHS Boards should continue to prioritise testing for patients requiring hospital admission **and** meeting the clinical criteria below:

Clinical or radiological evidence of pneumonia

or

Acute respiratory distress syndrome

or

Influenza like illness (fever $\geq 37.8^{\circ}\text{C}$ and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing)
6. Testing should also be prioritised to support investigation and management of clusters of respiratory illness in residential or care settings, for example long term care facilities and prisons.. In these circumstances, advice on testing will be provided by the local Health Protection team managing the incident.



7. Where there is available testing capacity after these priorities have been met, this should normally be used to enable key workers to return to work, using the principles set out below of;
 - 7.1. Prioritising testing to address support service delivery.
 - 7.2. Prioritising testing to maximise the reduction in working days lost.

Prioritising Testing to Support Service Delivery

8. The Scottish Government has decided not to create a static hierarchy of key worker roles or organisations for NHS Boards to use in prioritising who should be tested. Instead, at the current time, testing prioritisation should focus on supporting critical service delivery in health and social care services (including children's services).
9. NHS Boards should therefore adopt a flexible and dynamic approach to identifying which health and social care services have the most serious staffing challenges, and prioritise using testing to enable staff in these services to return to work. This prioritisation is likely to change frequently, and so staff may need to be reminded of the criteria being used. In doing so, NHS Boards will need to work with partners, including Health and Social Care Partnerships, to consider pressures in the broadest sense, including all social care services, primary care colleagues such as GPs and community pharmacists, community child health workers and NHS workers in non-territorial NHS Boards such as the Scottish Ambulance Service and NHS24.

Prioritising Testing to Reduce Working Days Lost

10. Testing will have the greatest impact on supporting service delivery when it delivers the greatest reduction in working days lost to isolation.
11. Therefore, testing is normally of greatest benefit when an individual who would otherwise have been able and willing to work is required to isolate because they share a household with someone who is symptomatic, rather than being symptomatic themselves. Furthermore, the benefit will be greater if the sample can be taken and tested rapidly.
12. NHS Boards are therefore recommended to prioritise identifying asymptomatic healthcare workers who are isolating because a household member or members are symptomatic. NHS Boards should make provision to undertake testing on the **symptomatic household member or members**, if there is sufficient capacity to do so.
13. If all symptomatic household members test negative, then household isolation can cease immediately, and the asymptomatic key worker return to work. If any household member subsequently develops symptoms, normal isolation arrangements must recommence.
14. Tables providing an indicative explanation of working days lost in different scenarios are provided at **Annex A**.
15. It should be noted that there may be situations when critical service needs mean that it is more appropriate to decide to test a symptomatic healthcare worker than to maximise the reduction in working days lost. For example, where a GP is a sole practitioner, it may be appropriate to test them in order to reduce local strain on primary care services.



Operational Considerations

16. It is essential that NHS Boards identify appropriately senior staff to undertake this prioritisation work, and to liaise with their own labs to understand likely capacity. NHS Boards who normally receive samples for testing from other Boards should ensure that they have effective channels of communication in place to enable cross-board prioritisation discussions to take place.
17. NHS Boards must also put in place appropriate local arrangements for collecting samples for testing, and transporting these to the appropriate lab. Samples should be taken as quickly as possible and while the case is still symptomatic, ideally within 72 hours of symptom onset. The benefit of testing to reduce working days lost will be greatest when samples can be tested rapidly.

Conclusion

18. NHS Boards are advised to prioritise testing in line with the principles set out above to enable key health and social care workers to return to work, and should put in place local arrangements to enable this to happen.

Annex B – Indicative working days lost

Scenario A – Key Worker is mildly symptomatic, no testing

Assumes 7 days self-isolation then return to work.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Symptomatic	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
In isolation	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N
At Work	N	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y

Scenario B – Key Worker is mildly symptomatic, and is tested.

Assumes test result within 72 hours of symptom onset, and immediate return to work on negative result.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Symptomatic	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
Negative Test result known			X												
In isolation	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
At Work	N	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y



Scenario C – Key Worker is asymptomatic, but has symptomatic household contact, no testing.

Assumes 14 days household isolation

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Symptomatic	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
In isolation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
At Work	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y

Scenario d – Key Worker is asymptomatic, but symptomatic household contact is tested

Assumes test result within 72 hours of symptom onset, and immediate return to work on negative result.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Symptomatic	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Negative Test result known			X												
In isolation	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
At Work	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y