

COVID-19 Testing to Enable Health and Social Care Workers to Return to Work

Purpose

1. To provide guidance on using NHS and UK Testing Programme COVID-19 testing capacity to enable Health and Social Care workers to return to work.

Please note this guidance **supersedes the guidance issued on 24 March 2020**; and should be considered alongside guidance published (on 24 April 2020) on who can access the UK Government Testing Programme in Scotland.

Background

2. The Scottish Government has identified 3 priorities for testing;
 - a. **Directing our testing capacity effectively to save lives and protect the vulnerable;**
 - b. **Ensuring that critical staff can return to work as soon as possible;**
 - c. **Monitoring and reporting on the spread and prevalence of the virus in the population and the impact of public health measures. (surveillance)**
3. Work is underway to increase NHS testing capacity in Scotland to over 3,500 samples each day by the end of April. The UK Testing programme now also provides significant testing capacity for key workers.
4. NHS Boards should continue to prioritise testing for patients requiring hospital admission and patients who develop new symptoms after 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)
5. Clinical judgement should be exercised to offer testing for patients not meeting these criteria, when there is diagnostic uncertainty or atypical presentation.
6. Testing should also be prioritised for surveillance, and 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. Testing should now be offered to all symptomatic residents in care homes.

7. Testing capacity available after these priorities have been met should normally be used to enable health and social care staff to return to work, using the principles of prioritisation set out below if demand for worker testing exceeds capacity;
 - a. Prioritising testing to support service delivery.
 - b. 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 from health and social care services should be tested. Instead, at the current time, testing prioritisation through NHS testing capacity (if prioritisation is required) should focus on supporting service delivery in health and social care services (including children's services).
9. If there is insufficient capacity to meet demand for testing to enable health and social care staff to return to work, NHS Boards should adopt a flexible and dynamic approach to identifying which services have the most serious staffing challenges, and prioritise using testing to enable staff in these services to return to work. It is important that this prioritisation process fully considers the needs of social care services. Boards should also consider how to make best use of testing available through the UK Testing Programme, in addition to NHS capacity. Prioritisation, if required, is likely to change frequently, and so staff may need to be reminded of the criteria being used to do this. 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. Therefore if prioritisation of access to testing is required, it is appropriate to consider how testing can bring about the maximum reduction in working days lost.
11. However, it should be noted that strict prioritisation on this basis will not be appropriate in all situations as there may be good operational reasons to prioritise the testing of symptomatic staff even in a context where demand for testing exceeds capacity.
12. 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.
13. NHS Boards are therefore recommended to consider prioritising asymptomatic health and social care 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.

14. If all symptomatic household members test negative, then household isolation can cease immediately, and the asymptomatic key worker(s) return to work. If any household member subsequently develops symptoms, household isolation arrangements must recommence and testing of the newly symptomatic household member arranged.
15. Tables providing an indicative explanation of working days lost in different scenarios are provided at **Annex A**.

UK Testing Programme Arrangements

16. The UK Testing programme now also provides significant testing capacity for key workers. The Scottish Government has set out a prioritisation matrix for identifying which key workers should be able to access testing at the UK Testing sites – see Annex B. Health and social care workers, along with staff working in residential settings should continue to access testing through the NHS. The only exception to this is those health and social care workers who are not employed through an organisation – such as social care personal care assistants, and unpaid carers – who should access testing through the UK Testing Programme.
17. Where those in other priority groups are able to access NHS testing already they should continue to do so. However, if there are times that NHS testing is at a maximum, then full use should be made of the testing opportunities offered by the UK Government Programme.
18. At present there are four drive through centres located in Glasgow, Edinburgh, Aberdeen and Inverness). Further developments in sample-taking arrangements are likely in the coming weeks. The drive through centres can be used by staff who are able to drive to them, or to be driven to a them by a household member, in a private car in less than 90 minutes. Results are normally notified to the person tested 72 hours after testing. Health Boards can refer health and social care staff or household members to these testing sites, through the coordination arrangements in place with NSS. The UK Testing Programme also offers individual workers the opportunity to self-refer for testing, this includes access to the drive through testing centres and ordering home testing kits. However, it is not yet possible for employers to refer workers for home testing.

Operational Considerations

19. It is essential that NHS Boards identify appropriate resource to coordinate access to testing for health and social care staff to support a return to work. NHS Boards must also ensure appropriate local arrangements are in place for collecting samples for testing in NHS labs, and transporting these to the appropriate lab. Samples should be taken as quickly as possible, while the case is still symptomatic and within 5 days of symptom onset. The benefit of testing to reduce working days lost will be greatest when this happens early in a staff member's absence.
20. All Boards should also consider how best to use the additional capacity available through the UK Testing Programme facilities to enable health and social care staff to return to work, and must communicate clearly with staff across health and social care services so that local arrangements for accessing testing are well understood. Boards should continue to use NHS capacity for testing, recognising that effective local arrangements are already in place, and

that the NHS testing process is likely to provide results more quickly than the UK Testing Programme.

21. Boards must also ensure that they have clear and well understood arrangements in place with local Health and Social Care Partnerships to ensure that staff working in social care services are able to access testing arrangements, and are able to do so promptly.

Conclusion

22. NHS Boards are advised to ensure that they have appropriate and well communicated arrangements in place to use available testing capacity to enable health and social care staff to return to work, including the additional testing capacity provided by the UK Testing Programme.

24 April 2020

Annex A – 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

ANNEX B

PRIORITY MATRIX FOR KEY WORKERS TO BE TESTED DURING LOCKDOWN PHASE OF COVID 19 RESPONSE

Priority number	Rationale for prioritisation	Relevant keyworker populations
<i>Priority Group 1: Health and social care workers; along with staff working in residential institutions and essential roles where service resilience is at risk.</i>		
1A	<ol style="list-style-type: none"> 1. Staff delivering NHS services. 2. Staff providing social care to protect and care for the most vulnerable. <p><i>Currently routed through Health Boards</i></p>	<ul style="list-style-type: none"> • All NHS staff and independent contractors working for the NHS, including community pharmacy and emergency dental care. • All social care and social work staff working with vulnerable people and the social care system, including care homes, care at home and children’s services (including residential and secure care for children), and social care personal assistants <p><i>(note key workers in these groups who are not employed through an organisation will access testing, where this can support a return to work, through the UK Government schemes)</i></p>
1B	<ol style="list-style-type: none"> 1. Staff with face-to-face roles in residential institutions with people in the care of the state. 2. Staff are working essential services with niche roles, where service resilience is at risk. 	<ul style="list-style-type: none"> • Operational staff in prisons • All other carers working with looked after children not already included in 1A • Staff working on critical national infrastructure (e.g. energy supply) with niche skills essential to maintain services safely • Defence staff living in Scotland who fall within the MOD’s very highest priority category for testing.
<i>Priority Group 2: Essential workers in critical national infrastructure fundamental for safety and security, and life-line services.</i>		
2	<ol style="list-style-type: none"> 1. Staff directly involved in maintaining public safety and security. 2. Staff essential to the delivery of critical services to the public including supply chains. 	<ul style="list-style-type: none"> • Police • Scottish Fire and Rescue Service • Local authorities staff working public safety, security or law and order • Front-line Home Office Staff, including: a) those running immigration detention centres, b) Maritime Border Force, c) frontline immigration and customs officers • Essential defence personnel • Essential environmental protection • Essential animal health and welfare

		<ul style="list-style-type: none"> • Funeral industry • Staff working for third sector organisations supporting people and children who are vulnerable, including grant aided schools
		<ul style="list-style-type: none"> • Essential roles within food supply chain and food processing. • Essential roles within medicines and pharmaceutical supply. • Essential roles in chemicals supply chains • Essential roles in energy and water supply
Priority Group 3: Staff directly involved in delivering other essential services.		
3	Staff delivering essential services.	<ul style="list-style-type: none"> • Staff providing child care/education in schools for key workers • Public transport workers • Postal services • Financial services • Supermarket workers • Construction and maintenance of essential public services • Court and Crown Office staff • Civil Servants, parliament staff and other critical decision makers in public sector working on the central response to covid-19 • Journalists
Priority Group 4: Staff involved in volunteering, or in nationally or locally significant industry important to economic sustainability and growth		
4	Staff involved in volunteering to provide support to vulnerable people and communities; and staff involved in national or local industry important to economic sustainability and growth.	