

COVID 19 Interim Protocol for Testing

Version 6.1:

COVID-19 INTERIM PROTOCOL FOR TESTING FOR COVID 19

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Changes since Version 5

- HCWs in vulnerable specialities Page 4
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Update on page 4; staff exposures

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Background

Case definition

If you have any one of the following symptoms: a high temperature, a new continuous cough, loss of taste or smell, you are required to self-isolate at home for 7 days and family contacts of household symptomatic cases are required to self isolate for 14 days.

In older age groups atypical presentation of COVID 19 is common.

Staff exposures (update)

If a health or social care worker has come into close contact with a confirmed COVID-19 patient, resident or service-user or a symptomatic patient, resident or service-user suspected of having COVID-19 while not wearing PPE, or had a breach in their PPE while providing personal care to a patient, resident or service-user with confirmed or suspected COVID-19, then the staff member should inform their line manager.

In assessing whether a health or social care worker has had a breach of PPE, a risk assessment should be undertaken in conjunction with local infection prevention and control (IPC) policy. Take into consideration:

- the severity of symptoms the patient/resident has
- the length of exposure
- the proximity to the patient/resident
- the activities that took place when the worker was in proximity (such as aerosol-generating procedures (AGPs), monitoring, personal care)
- whether the health or social care worker had their eyes, nose or mouth exposed

If the risk assessment concludes there has been a significant breach or close contact without PPE, the worker should remain off work for 14 days.

HCWs should:

- not attend work if they develop symptoms while at home (off-duty), and notify their line manager immediately who will arrange for a test to be undertaken in the next 24 hours.
- self-isolate and immediately inform their line manager if symptoms develop while at work and a test should be arranged.

If the HCW's symptoms do not get better after 7 days, or their condition gets worse, they should speak to their occupational health department or local HSC Trust if they work in the care sector or GP. For a medical emergency they should call 999.

The current recommended PPE that must be worn when caring for patients with COVID-19 is described in [the infection prevention and control guidance](#).

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All health and care workers are eligible for testing.

These are guiding principles and there may need to be an individual risk assessment based on staff circumstances, for example for those who are immunocompromised.

Regular Testing of Staff in vulnerable specialities and nosocomial infection (NEW)

Given the current low levels of circulating COVID 19 in N Ireland, staff working in specialities with vulnerable patients eg oncology and haematology should only be tested regularly if there is evidence of nosocomial spread of infection in the unit. If there is evidence of nosocomial infection in any clinical setting staff working in this area should be tested.

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Hospital Laboratories

Hospital laboratory capacity for testing is c2000 tests/day (with a slight reduction at weekends) with most testing being undertaken by the Regional Virology Laboratory in BHSCT and local testing in the NHSCT, SHSCT and WHSCT. An Academic Consortium linking in with BHSCT and WHSCT will start testing in the next few weeks in partnership with HSC laboratory services.

The priority for laboratory testing is the maintenance of turnaround times for hospitalised patients and samples from HCWs and key workers may have longer turnaround time than those from hospitalised patients. In general results are available within 24-30 hours. All HSC Trusts have developed local arrangements for testing of HCWs and some key workers including drive through MOT centres in Ards (SE HSCT) and Boucher (BHSCT) in Belfast.

National Initiative

A national initiative to support testing of HCWs, Key workers and symptomatic people is being implemented in N Ireland using private laboratories and is co-ordinated locally by the Public Health Agency. The current testing capacity is 6-700 tests/day but will increase with the introduction of satellite testing and mobile testing units by a further 800 -1200 tests/day. Four drive through testing centres are open in Belfast, Derry, Craigavon and Enniskillen. The results of testing are e mailed or texted to the person who has been tested and they are advised to share them with their employer. In general results are available within 72 hours with plans to reduce this to 48 hours in the coming weeks. Electronic transfer of results from DHSC to PHA/BSO is now in place.

A digital platform is available to enable self referral for testing for workers who are self isolating <https://self-referral.test-for-coronavirus.service.gov.uk/> Symptomatic members of the public can order tests via <https://www.nhs.uk/ask-for-a-coronavirus-test> or by phone at 119. The digital platform also allows the person who requires testing a choice between a postal service (usually available up to 9am on a first come first served basis) where person self administers the swab at home and send to laboratory under special arrangement with Royal Mail **or** the person may choose drive through option in one of the 4 N. Ireland sites. An employer portal is also available.

Four Mobile Testing Units (MTUs) are available in N Ireland from 22nd May to be deployed in the event of a cluster or outbreak of disease. They will also be used to offer testing in different towns across N Ireland, information on location of the MTUs will be posted on the PHA website and booking will be via the digital platform.

Satellite testing is an option for swabs to be couriered to and from care homes for testing.

As the response to pandemic evolves, the balance of testing of HCWs undertaken by HSC laboratories and the national initiative will be kept under review.

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1. Eligible Groups for testing

Group 1 patient requiring critical care for the management of pneumonia, ARDS or influenza like illness (ILI), or an alternative indication of severe illness has been provided, for example severe pneumonia or ARDS. All other patients requiring admission to hospital for management of pneumonia, ARDS or ILI

Group 2 HCWs who are self-isolating. Symptomatic family members causing the HCWs to self-isolate and symptomatic

Group 3 Clusters of disease in residential or care settings, for example long term care facilities and prisons.

Group 4 Care Homes:

Symptomatic residents in care homes should be tested. In older people atypical presentations are common.

Additionally, in advance (48 hours) of hospital discharge to a care home the patient must be tested for COVID-19. **This new testing requirement must not hold up a timely discharge.** The information from the test results, with any supporting care information, must be communicated and transferred to the relevant care home. Some care providers will be able to accommodate individuals with a confirmed COVID-19 positive through effective isolation strategies or cohorting policies. If appropriate isolation or cohorted care is not available with a local care provider, the local HSC Trust will provide alternative appropriate accommodation and care for the remainder of the required isolation period. This alternative accommodation should also be used in the exceptional cases of test results not being available at the point of discharge.

From 24 April 2020, in all **new** outbreaks (>2 symptomatic residents) in care homes (nursing and residential), all residents and staff should be tested for COVID-19 as part of the initial risk assessment of each outbreak. All HSC Trusts should assist care homes in their respective areas with immediate implementation of this testing. Care home staff are likely to need support to undertake the necessary swabbing, and to ensure the correct information is collected about each resident and staff member tested. It is essential that the name of the home is clearly marked on all documentation relating to the outbreak, in particular on all forms accompanying swabs submitted for testing. Laboratory services will need to have clear arrangements in place for identification and recording of outbreaks in care homes. During June 2020, residents and workers in all care homes in N Ireland have been tested for COVID 19

All new admissions to care homes from community settings, including from supported living accommodation, should have their COVID-19 status checked 48 hours before admission to the care home. The same conditions apply to patients admitted to care homes from community settings as apply to patients discharged from hospital to a care home.

Group 5: Cancer Patients

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- New planned admissions for cancer surgery from the 20th April should be tested 48 hours before surgery.
- Systemic Antic Cancer Therapy (SACT) patients who are symptomatic
- On recommendation of the Multidisciplinary team before starting treatment
- Patients with acute leukaemia for chemotherapy to be tested 48 hours before treatment
- Haematology patients requiring admission to be tested 48 hours before admission if recommended by clinical team
- Symptomatic acute oncology and haematology patients
- Bone marrow transplant recipients to be tested 72 hours before conditioning

Group 6 Acute admissions to hospital (non elective and elective)

From the 27th April all elective and non-elective patients admitted overnight into hospital should be tested for COVID 19. **This includes patients who are asymptomatic.** This should include making preparations to cohort patients as possible COVID cases who need to be admitted whilst they await a test result. Appropriate infection prevention control recommendations should be followed.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

Group 7 Key worker testing

Testing is available to all essential key workers and to members of their household if they have symptoms that cause a key worker to self isolate. This includes teachers, hospital cleaners, food production and food retail, transport, utilities, communications, and financial services, public servants and the emergency services as well as other critical infrastructure staff.

Key workers can now book tests for themselves and their household via an online portal. This new service also offers home postal test kits (numbers limited at the moment) which may be useful for non-drivers.

<https://self-referral.test-for-coronavirus.service.gov.uk/> Bookings can also be made by phoning 119.

Group 8 Hospital Admissions for Paediatrics, Learning Disability and Mental Health

From the 4th May 2020 HSC Trusts should put arrangements in place for all overnight admissions to paediatrics, learning disability and mental health in-patient wards to be swabbed within 24 hours of admission. These should include arrangements for retesting of patients (**new**) after weekend discharges (in preparation for final discharge) on day 5 following return to hospital after weekend leave.

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Group 9 Supported Living Centres

Trusts are asked to support Supported Living facilities in their Trust area during the pandemic. If there is an outbreak (two or more cases) in a supported living facility (all programs of care) ALL staff and residents should be tested for COVID 19 starting in the week commencing 11th May 2020. These outbreaks should be notified and discussed with the Duty Room in the PHA. HSC Trusts are asked to provide practical support in taking swabs, completing virology forms and interpreting results to the supported living facilities.

Group 10 Maternity Services

Testing should be provided for all maternity admissions from 18th May 2020. Local arrangements should take account of the need for testing in the following circumstances;

- All women who are under Consultant Level Care will have their routine swabs taken at their 38 week appointment
- All women who are Midwifery Led Care / Getting Ready For Baby care will have routine swabs taken at their 41 week appointment
- Any women who are for elective Caesarean Section will have swabs for COVID-19 taken 72 hours before surgery at their pre-assessment clinic - eg in the Assessment and Admission Unit.
- Any women who are admitted for induction of labour (IOL) will have their swab taken on admission to the IOL area.
- Any other women who are admitted to maternity who haven't already been swabbed at 38/41 weeks in the Antenatal Outpatient Department will be swabbed in the Admissions and Assessment area before being transferred.

Group 11 Admissions to prisons

All new admissions to prison are to be tested. This is co-ordinated through the South Eastern HSC Trust.

Group 12 Symptomatic members of the general public

Symptomatic members of the public may book a test via the national platform

<https://www.nhs.uk/ask-for-a-coronavirus-test>

or telephone 119.

Group 13: Day case admissions (NEW)

From the 13th July all planned day case admissions should be tested 48 hours before their admission.

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Group 14: Children aged <5 (NEW)

Symptomatic children under the age of 5 can be tested through the national testing programme. If this is not possible testing may be organised on a case by case basis with local paediatric department following a discussion between the child's GP and the paediatric department.

Group 15: Emergency Department COVID- 19 Testing (NEW)

Patients with mild to moderate COVID-19 symptoms who attend the ED and are NOT admitted need to be swabbed for COVID-19 at the time they are discharged from the ED. From the 13th July, HSC Trusts need to put in place arrangements for taking specimens (swabs) in the ED at the point of discharge. These samples should be identified by a unique code/flag for not-admitted ED patients, so that results reported via the Trust can be picked up in the daily data downloads sent to the data warehouse in BSO. The clinical pathways for patient management of such patients need to be updated and a robust process for timely communication of results to patients should be put in place in the ED department.

Group 16: International Key Workers (NEW)

Doctors and nurses who arrive in N Ireland from abroad to work should have two tests (swabs) taken, one on arrival in N Ireland and a second swab 5-7 days later.

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2. How to Manage Results (Updated)

The significance of the actual result has to be considered on a case-by-case basis for HCWs given the uncertainty of negative predictive value and the how this will change depending on the level of circulating Sars-CoV-2 in the community, the stage of disease and the exposure of the HCW.

<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

In HSC Trusts staff should liaise with Occupational Health when self-isolating and when agreeing a return to work date.

It is important to support care home staff and domiciliary workers during the pandemic who may not have access to an occupational health service. Staff working in care homes should be able to contact their local Trust for advice on the significance of the test results.

Currently it is not known how long any immunity to COVID-19 might last. If staff become unwell again, they should self-isolate and may need to be tested again.

Further advice on return to work of staff with complex health needs, including immunosuppression, can be received from designated infection control leads and Occupational Health in HSC Trusts and the Duty Room in PHA.

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If staff are **symptomatic** when tested

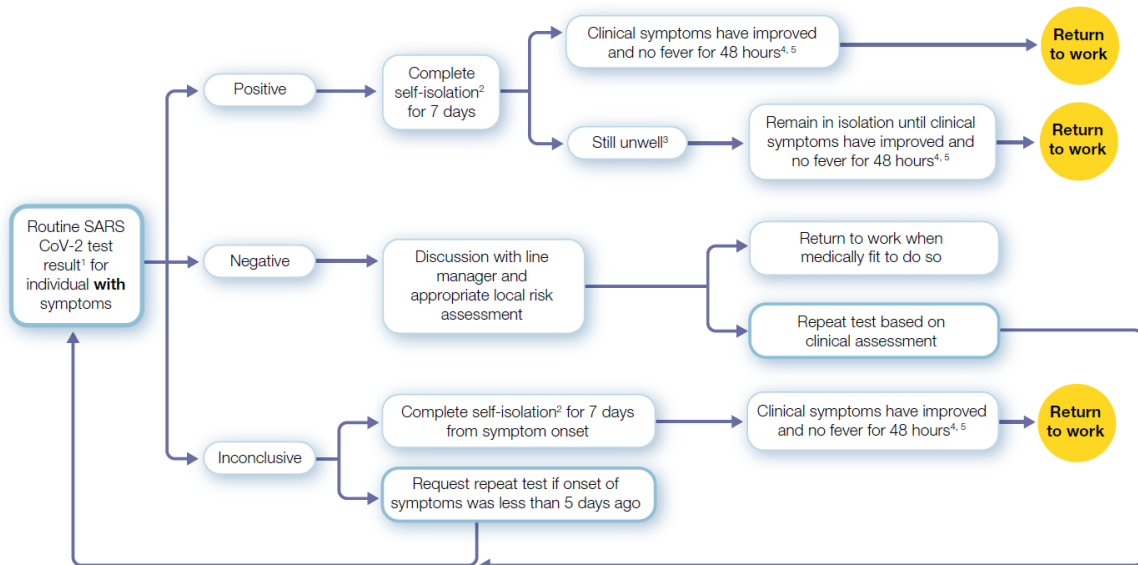
Staff who test negative for SARS-CoV-2 can return to work if they are medically fit to do so, following discussion with their line manager and appropriate local risk assessment. Interpret negative results with caution together with clinical assessment.

Symptomatic staff who test positive for SARS-CoV-2 or who have an inconclusive test result, and symptomatic staff who have not had a test, can return to work:

- no earlier than 7 days from symptom onset and provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours
- if a cough or a loss of or a change in normal sense of smell or taste (anosmia) is the only persistent symptom after 7 days (and they have been afebrile for 48 hours without medication), they can return to work (post-viral cough is known to persist for several weeks in some cases)



Symptomatic worker: flowchart describing return to work following a SARS-CoV-2 test



1 If the testing was done because the individual was identified as a contact via the test and trace system refer to [Test and trace guidance](#)

2 Refer to [Stay at Home Guidance](#)

3 Consider contacting the [NHS online coronavirus service](#), or in a medical emergency dial 999

4 Without medication

5 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases

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If staff are **asymptomatic** when tested

Staff who test negative for SARS-CoV-2 and who were asymptomatic at the time of the test can remain at work or return to work immediately as long as they remain asymptomatic.

Staff who test positive for SARS-CoV-2 and who were asymptomatic at the time of the test must self-isolate for 7 days from the date of the test. If they remain well, they can return to work on day 8.

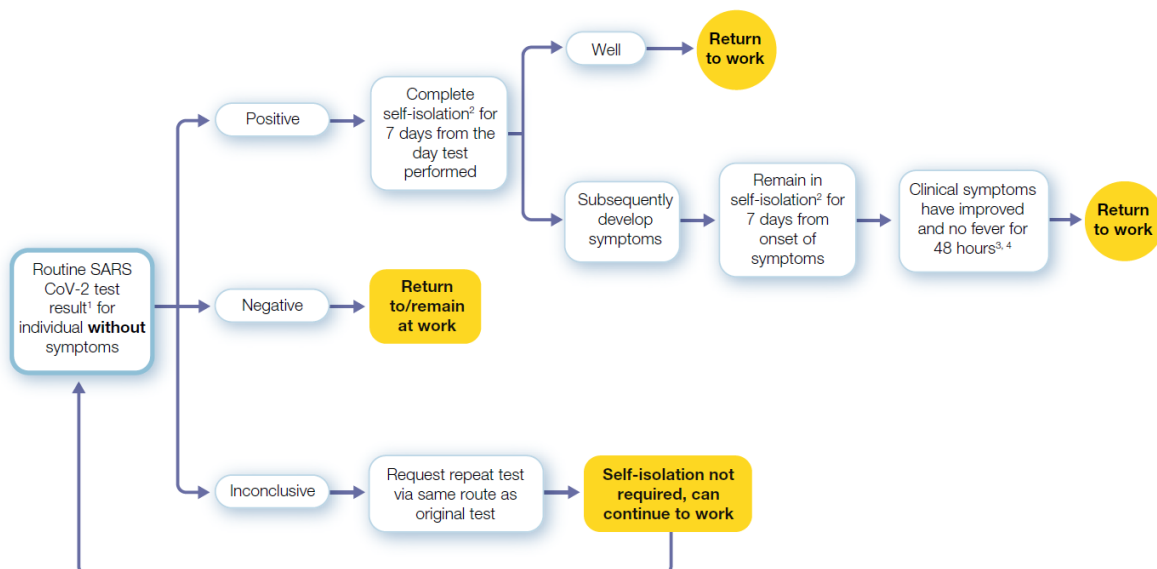
If, during the 7 days isolation, they subsequently develop symptoms, they must self-isolate for 7 days from the day of symptom onset. They can return to work:

- no earlier than 7 days from symptom onset and provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours
- if a cough or a loss of or a change in normal sense of smell or taste (anosmia) is the only persistent symptom after 7 days (and they have been afebrile for 48 hours without medication), they can return to work (post-viral cough known to persist for several weeks in some cases)

HCWs may require evidence of viral clearance prior to working with extremely vulnerable people. This is subject to local policy which Trusts should have in place.



Asymptomatic worker: flowchart describing return to work following a SARS-CoV-2 test



1 This flow chart is not relevant to workers identified as a contact via the test and trace system (refer to [Test and trace guidance](#))

2 Refer to [Stay at Home Guidance](#)

3 Without medication

4 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases

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3. Operational Support

The 6 Trusts have protocols in place for taking samples (nasal and throat swabs as one combined sample unless person is producing sputum). The correct form for SARS CoV-2 testing must be used which can be found in the documents and forms section of the website <http://www.rvl-belfast.hscni.net/documents-forms/> and the NHSCT virology form.

Contact details are for organising testing in Trusts are:

WHSCT: COVID19.triage@westerntrust.hscni.net

BHSCT provide follow up wellbeing calls for Belfast Trust employees and independent sector employees (i.e. care home staff) who receive a positive test result or, in the case of a negative test result, where the employee continues to be symptomatic or unwell.

For further information, additional support or guidance in relation to your health and wellbeing, please contact the Occupational Health Department COVID 19 Advice Line at the BHSCT on 028 90630010.

SEHSCT

COVID-19 Staff Testing: option 1 or Internal Extension 71151

COVID-19 Staff Advice: option 2 or Internal Extension 71152

NHSCT : hcw.testing@northerntrust.hscni.net

SHSCT : covid19.screening@southerntrust.hscni.net

NIAS: telephone 07717781954, ruth.finn@nias.hscni.net

Samples must be clearly identified on the request form as HCW samples (or family member of HCW) so priority can be applied. H&C of HCW or family member must be on request form.

If person is producing sputum then sputum sample is preferred to swabs

For swabbing - a nose and throat swab is sent as a single specimen (2 swabs in one tube), various swabs, containers and media are available in different trusts and areas and dry swabs in universal container is an acceptable specimen.

Nasal swab – Take one specimen. Insert swab into nostril parallel to the palate, rotate gently for a few seconds to absorb secretions and collect nasal epithelial cells.
Throat swab - Take one specimen. Swab both posterior pharynx & tonsil areas, avoid tongue.

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Place BOTH the nasal and throat swabs into the same container

Label the tube with the patient's name & DOB or Hosp No and use the specific request form for COVID testing from the www.RVL-Belfast.hscni.net (SARS-CoV-2 testing form) **Unlabelled tubes will not be tested.**

Testing in Community Settings

Primary care staff refers to:

- GP frontline staff working in GP Practices, GP Out of Hours Services and COVID centres
- Community Pharmacy frontline staff working in community pharmacies
- Dental staff working in Urgent Care services
- Optometry staff
- Care home staff and domiciliary workers

Referrals to the national initiative from primary care staff can be booked on line at <https://self-referral.test-for-coronavirus.service.gov.uk/>

Some Trusts are also able to facilitate testing for community staff and some key staff in their testing facilities.

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4. Contact Tracing

Large-scale, integrated contact tracing and testing will play a key role in managing the rate of COVID-19 transmission, and maintaining R below 1 when social distancing measures are relaxed.

SAGE has indicated that a successful contact tracing strategy requires around 80% of contacts of symptomatic cases to be traced and isolated rapidly, ideally within two days of symptom onset for the index case. This potentially requires up to 30 contacts per symptomatic case to be traced and tested based on experience from other countries.

An approach to contact tracing that rapidly identifies and quarantines the vast majority of cases and their contacts in theory could reduce R by the order of 30-60%.

The regional contact tracing service has been established in the PHA, and is fully operational since 18th May.

5. Surveillance

Robust and timely surveillance information is essential to understand the epidemiology of disease by time, person and place, to track the spread of the infection in the community and hospitals, and to assess the impact on the population.

The Public Health Agency's Health Protection surveillance team, in collaboration with other partner organisations, has already established a number of surveillance systems which are used to monitor COVID-19 activity in Northern Ireland. These systems provide information on the intensity, geographic spread, impact on healthcare system and severity of COVID disease.

These surveillance systems also allow us to monitor trends, inform public health measures to reduce COVID-19 transmission, and to measure the impact of public health measures to reduce COVID-19 transmission in both hospital and community settings.

Two surveillance programs are underway for COVID 19 in N Ireland

- Sentinel Spotter practices in primary care
- Outbreaks in Nursing home

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6. Antibody Testing (NEW)

Antibody testing was introduced in N Ireland in mid June 2020. There is considerable uncertainty about the significance of a positive test result for antibodies. While it means that an individual has had COVID-19 at some time in the past this does not indicate that the individual cannot be re-infected with the virus, or pass it on to others, or have protective immunity. All infection prevention and control measures including the use of PPE and social distancing must continue to be in place irrespective of the presence of antibodies.

The test is a venous blood test and analysis can be undertaken on existing analysers in all HSC Trust laboratories in N Ireland. In view of the uncertainty about the significance of antibody testing, the approach to antibody testing over the next few months will be to offer testing to health and care workers in hospital and community settings, including independent contractors as part of a seroprevalence study.

The approach to patient testing is still being developed, but there is an expectation that this will be a seroprevalence approach to allow us to assess the impact of COVID 19 in different patient groups. In the interim, if an antibody test is deemed essential to assist with individual patient care, that may be arranged on a case by case basis

Antibody testing in the general public will take place as part of a UK study which the Office for National Statistics will undertake of a sample of c10% of households in N Ireland, detailed planning is already underway for this study which will be introduced during July 2020. N Ireland also hopes to participate in planned 4 country research studies using antibody testing eg SIREN.

7. Private Patients (NEW)

HSC laboratories may undertake testing for independent/other organisations provided the same level of service is provided as is provided to HSC patients (same turnaround time for results of 30 hours) and independent/other organisations are charged for these tests. For elective procedures the expectation is swabs should be received in the HSC laboratory at least 48 hours before a planned procedure.

Infectiousness

In the next version of this protocol guidance will be included on when infectiousness following COVID 19 infection.

Date: 9th July 2020

Review Date: 10th August 2020