

**From the Chief Medical Officer
Prof Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD) 17/2022

FOR ACTION

Chief Executives, Public Health Agency/SPPG
/HSC Trusts/ NIAS

GP Medical Advisers, All General Practitioners and GP
Locums (*for onward distribution to practice staff*)

OOHs Medical Managers (*for onward distribution to staff*)

RQIA (*for onward circulation to independent sector
health and social care providers*)

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PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

UPDATED COVID TESTING AND ISOLATION GUIDANCE FOR HEALTH AND SOCIAL CARE WORKERS AND GUIDANCE ON VISITOR TESTING

Introduction

1. In line with the Department's Test and Trace Transition Plan, advice to the general population in relation to COVID-19 Test, Trace and Isolation has changed from 22 April 2022. The Plan can be found here:
<https://www.health-ni.gov.uk/sites/default/files/publications/health/Test-Trace-Transition-Plan.pdf>
2. Key changes which took effect at population level from that date include:
 - a. People with symptoms are advised to take a Lateral Flow Device (LFD) test instead of a PCR test. PCR testing is no longer recommended for the general population and public facing testing sites closed on 22 April 2022.
 - b. Lateral flow testing is no longer recommended for people in the wider population (including those who are household contacts of a case) who do not have any symptoms.
 - c. Regular lateral flow testing for people without symptoms, continues to be advised for some groups, primarily those working in or visiting high risk settings.

- d. Routine tracing of close contacts outside the case's household by the Public Health Agency's Contact Tracing Service has ceased. The contact tracing service is now focusing on providing public advice and guidance to **cases** and their **household contacts**.
 - e. Household contacts of cases are no longer routinely advised to take daily lateral flow tests. They are now advised to be alert for symptoms and to test using a lateral flow device should they develop COVID symptoms. This advice applies to vaccinated and unvaccinated household contacts. **Separate guidance applies to household contacts who are patient facing health and social care workers (see below)**.
 - f. There is no change to the advice for positive cases. They continue to be advised to isolate for 10 days with early release if they have two consecutive negative lateral flow tests on day 5/6 or later.
3. Further detail on the changes can be found at the following link: [COVID-19 testing and tracing is changing in Northern Ireland | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/covid-19/testing-and-tracing-is-changing-in-northern-ireland). The changes taking effect from 22 April 2022 are the first of a series as all elements of test and trace policy continue to be kept under review. Further change will occur between now and the end of June as we implement the transition plan and correspondence will issue accordingly.

Purpose of this letter

4. In light of the changes to guidance for the population, the purpose of this letter is to provide updated guidance for Trust and independent sector healthcare providers on:
 - i. The management of health and social care workers (except those who work in care homes) who have COVID symptoms;
 - ii. The management of health and social care workers who test positive for COVID-19;
 - iii. The management of health and social care workers who are close contacts of COVID-19;
 - iv. The use of asymptomatic testing with lateral flow tests for health and social care staff; and
 - v. The use of asymptomatic testing with lateral flow tests for visitors to hospitals and clinical settings.
5. The advice in this letter does not apply to care homes. Separate guidance for care homes will be issued by the Public Health Agency.

Management of health and social care staff with symptoms of COVID-19

6. From the date of this letter, in line with the updated advice to the general population, health and care workers who have symptoms of COVID-19 should take a LFD test instead of a PCR.

7. The three main symptoms of COVID identified throughout the pandemic are cough, temperature and loss of smell and taste. People may not have all these symptoms or symptoms may be similar to other common respiratory viruses such as a cold or flu. Staff with symptoms of COVID should take a LFD test as soon as possible after onset of symptoms.
8. If the result of this LFD test is positive, staff should follow the advice in the section for staff members who receive a positive test result for COVID-19 (paragraph 12).
9. If the LFD test result is negative, they can attend work if they are clinically well enough to do so and do not have a high temperature. Staff working in patient facing roles or whose work regularly brings them into clinical areas, should speak to their line manager who should undertake a risk assessment before they return to work. If the staff member works with patients whose immune system means that they are at higher risk of serious illness despite vaccination, this should be considered in the risk assessment.
10. On returning to work, the staff member should continue to comply rigorously with all relevant infection control precautions and the recommended personal protective equipment (PPE) must be worn properly throughout the day.
11. Patient facing staff who have direct contact with patients or whose work brings them regularly into clinical areas, should resume routine asymptomatic LFD testing, taking the first of these tests 48 hours after the initial negative LFD test they took when they developed symptoms (paragraph 8 above). This means they will take **three LFD tests in the seven days following symptom onset**. If they develop new symptoms or symptoms get worse they should follow the guidance for symptomatic staff.

Management of health and social care workers who test positive for COVID-19

12. Health and social care staff who test positive for COVID-19 can leave self-isolation and return to work from day 6 provided they meet the following requirements:
13. They have a negative LFD result on day 5 and another negative LFD 24 hours later on day 6.
14. They do not have a temperature and are medically fit.
15. If the health and social care worker is in a patient or client facing role or works regularly in a clinical area, they should continue to undertake daily LFTs until day 10.
16. If any of these LFD test results are positive the staff member should isolate and should wait 24 hours before taking the next LFD test.
17. On days the staff member is working up to day 10, the LFD test should be taken at home prior to beginning their shift, as close as possible to the start time.

18. The staff member must continue to comply with all relevant infection control precautions throughout the day.
19. If the staff member works with [patients whose immune system means that they are at higher risk of serious illness despite vaccination](#) consideration should be given to redeployment until 10 days after their symptoms started (or the day their first positive test was taken if they did not have symptoms whichever was earliest).
20. The likelihood of a positive LFD in the absence of symptoms after 10 days is low. Staff members who test positive at day 10 should take a daily LFD test on days 11 – 14 until they get a single negative result. After day 10 they can return to work immediately following a single negative result. If the staff member works with [patients whose immune system means that they are at higher risk of serious illness despite vaccination](#), a risk assessment should be undertaken.
21. The likelihood of a person who is well and not immunocompromised, being infectious after 14 days is very low. If the staff member's LFD test result is still positive on the 14th day, they can stop testing and return to work on day 15. If the staff member works with [patients whose immune system means that they are at higher risk of serious illness despite vaccination](#), a risk assessment should be undertaken.

Management of health and social care workers who are close contacts of COVID-19

22. This letter supersedes all previous guidance on the management of health and social care workers identified as close contacts of COVID-19.
23. Contact tracing of community close contacts ceased on 22 April 2022. Since 22 April, contact tracing has focused on providing appropriate public advice and guidance to positive cases and their household members. People who live in the same household as someone with COVID-19 or who have stayed overnight in the same house as the case are at the highest risk of becoming infected.
24. Health and social care staff who are a household or overnight contact of a case of COVID-19 and **who have direct patient contact or who work regularly in a clinical area**, are advised to take additional steps before and during their return to the workplace. This guidance applies to both vaccinated and unvaccinated staff.
25. Health and social care staff who are a household or overnight contact should take an LFD test as soon as possible after being identified as a household or overnight contact. If this is negative and they do not have any symptoms they should speak to their line manager who should undertake a risk assessment before they return to work. If they are returning to a clinical area they should re-commence twice weekly regular testing 48 hours after the negative LFD referenced above. This means they should take a total of **three LFD in the 7 day period following identification as a**

household or overnight contact. If they develop symptoms they should isolate and take an LFD test.

26. Whilst they are attending work, staff must continue to comply rigorously with all relevant [Infection control precautions](#).

Health and care staff – regular testing for those without symptoms

27. All health and social care staff who are patient facing should continue to test twice weekly using LFDs as part of the ongoing regular programme of asymptomatic testing (that is, testing for those who do not have symptoms of COVID-19). This includes staff whose work regularly brings them onto wards and clinical environments; students and trainees on clinical placement; volunteers working on wards and laboratory staff. LFDs will continue to be available through existing channels to support this testing.

28. **In a change to the testing protocol**, staff whose role does not bring them into direct contact with patients - other than those outlined above - will no longer be advised to test as part of the regular asymptomatic testing programme.

29. The continuing programme of regular asymptomatic staff testing remains key to help mitigate the risk of healthcare acquired COVID-19 infection and to help protect patients, staff and visitors. As previously communicated by the Chief Medical Officer (letter dated 4 June 2021), robust local monitoring processes must be in place including continuing HSC Trust Board level monitoring, reporting and assurance regarding uptake of this regular testing programme. Staff (even if fully vaccinated) should continue to test in line with the parameters set out in this letter and to report **all results** at <https://www.gov.uk/report-covid19-result>

Testing to support visiting

30. The Department wrote to HSC Trusts on 20 September 2021 encouraging hospital staff to draw visitors' attention to the availability of LFD testing as an additional mitigation to enhance safety and to support visiting to hospitals and clinical settings.

31. In line with the Department's Test and Trace Transition Plan, LFD testing to support visiting to high risk or vulnerable settings, such as care homes and hospital environments, remains in place as an important additional mitigation. This testing is in addition to continued adherence to the full suite of public health measures already in place in these settings – including for example Personal Protective Equipment (PPE), social distancing, good hand hygiene, and other robust infection prevention and control (IPC) measures.

32. When an individual makes an arrangement to visit a patient in hospital, we would encourage hospital staff to continue to draw visitors' attention to the availability of LFD testing for this purpose. Hospital staff should explain to visitors that testing using LFDs is optional, but is encouraged as a valuable, additional mitigation to enhance

safety. LFD testing for visitors is not mandatory and hospitals cannot insist that visitors undergo a LFD test before visiting.

33. It is extremely important that any individual displaying symptoms of COVID-19 should self-isolate and take a LFD in line with current advice for the general population – they **should not visit** a hospital.
34. Visitors who choose to avail of LFD testing should test prior to visiting up to a maximum of twice weekly in their own home. It is important that all visitors who undertake LFD testing report the result of their test, irrespective of whether the LFD test is positive, negative or void. To report an LFD test result visitors should visit <https://www.gov.uk/report-covid19-result> or alternatively phone 119 (free from mobiles and landlines) from 7am to 11pm.
35. Visitors can order LFD testing tests kits online for free delivery to their home at: <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>; or can collect from a community pharmacy if they do not have symptoms of COVID-19.
36. I appreciate these continue to be challenging times for us all and we recognise the continuing pressures on our health and social care system. I would like to take this opportunity to once again thank you all for your commitment and dedication to serving the needs of patients across our health and care services in Northern Ireland.

Yours sincerely



PROF SIR MICHAEL McBRIDE
Chief Medical Officer

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