# COVID-19 Testing for staff and staff isolation measures

## *Executive summary*

## Introduction

Staff working in roles where they are providing care or research activities for patients with, or suspected of having COVID-19 will be offered a range of testing opportunities to identify those that have infection with SARS-CoV-2 enabling them to be isolated thereby preventing onward transmission in the work place and avoiding unnecessary time away from work for those with other complaints.

## Target User

* All staff engaged in face-to-face activity (research or clinical) with patients or research subjects attending MRCG facilities or in the community
* The final decision about which staff are included in routine testing and how frequently they are tested when asymptomatic is to be decided by PIs or their local delegate in consultation with clinical and laboratory services.

## Target area of use

* All MRCG facilities

## Key areas of focus / New additions / Changes

As above.

## Limitations

Should the number of tests available be limited by increased testing of sick/symptomatic persons then some staff testing activities may have to be scaled back.

## Symptoms suggestive of COVID-19 defined as any of:

* fever ≥ 37.8°C
* new onset *persistent* symptoms of: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing
* new onset anosmia (loss of smell) or loss of taste

## Close contact definition:

* Providing direct patient care for a patient with COVID-19 (e.g. physical exam, nursing care, performing aerosol -generating procedures, specimen collection, radiologic testing) without using proper personal protective equipment (PPE)or not performing appropriate hand hygiene after these interactions; OR
* Having had face-to-face contact with a COVID-19 case within two metres for more than 15 minutes without proper PPE; OR
* Having contact with the infectious secretions from a patient with COVID-19 or contaminated patient care environment, without using proper PPE or not performing appropriate hand hygiene

## Who will be tested and how will testing be organised?

Testing will be available for staff working in face-to-face activity in the following circumstances. At the present time**,** all testing suggested in this document refers to nucleic acid testing for active infection with SARS-CoV-2 using nasopharyngeal and throat swabs.

**Once a staff member has tested positive and has recovered and returned to work, they will not be tested when asymptomatic for the next 3 months. This statement overrules all mention of testing of asymptomatic testing below.**

### Asymptomatic testing

* Selected staff that have been in contact with the public because of their work will be tested on a regular basis even if they have no symptoms of COVID-19 (list of symptoms above).
* The frequency of testing will depend on the state of the epidemic and availability of testing.
* Staff will continue to work pending the results.
* Swabbing will be performed in the workplace.

This testing activity would be the first to be scaled back if testing capacity is stretched.

### Close Contact testing

Staff who have close contact (defined above) without PPE with a person who is symptomatic with SARS-CoV-2 or who develops symptoms within the 48 hours of the contact are considered to have had a significant contact. Where possible, they will be tested 4-5 days after the contact, even if they are asymptomatic.

Staff will be permitted to continue working after contact unless they develop symptoms. They should wear a surgical mask at all times in line with the normal recommendations for PPE in these staff. Staff testing negative at the initial contact will be able to continue working unless they develop symptoms (in which case, they must be tested and isolated as for all symptomatic individuals – even if they were infected before).

Testing will not be repeated unless the staff member develops symptoms.

Staff with close contact should avoid taking anti-pyretic medications (paracetamol, non-steroidal anti-inflammatories) and have their temperatures measured twice a day at work and twice a day by themselves at home. They should self-monitor for other signs of COVID-19 and immediately self-isolate if they develop fever or other symptoms (and receive testing as outlined below). Other staff (who are therefore asymptomatic) working after such contacts will be expected to wear a surgical mask when working.

### Staff who develop symptoms suggestive of COVID-19

## Staff who develop symptoms suggestive of COVID-19 should call the COVID-19 hotline on 1999 so that a test can be organized.

## Testing should be done within the first 3 days of illness if possible.

## Staff that become symptomatic at work will be tested in the workplace and admitted/sent home pending the results.

### Staff who live in a household with someone who develops symptoms

If a person living with a staff member develops symptoms suggestive of SARS- CoV-2 infection then the staff member should immediately self-isolate along with all members of that household, unless they were infected in the last 3 months. The staff member should call their line manager and the COVID-19 hotline (1999) to alert them to this. Arrangements should be made for the symptomatic household member to be tested either via 1999 if they are entitled to CSD care according to the staff code or through 1025.

## What to do about results:

Management of the results depends on the nature of the swab (individual who had symptoms, individual who was asymptomatic or household member).

If at any point, an asymptomatic person with a negative swab develops symptoms, they will need to be retested.

### Individual with positive swab

Individuals with a positive swab will be admitted or asked to self-isolate at home according to WHO and MOH guidance. Note that they should continue to wear full PPE for all exposures when they return to work.

### Individual with negative swab (if symptomatic at time of swab)

Return to work once free of symptoms other than a dry cough for 48 hours.

### Individual with negative swab (if asymptomatic at the time of swab)

Continue working.

### Household contact with positive swab

Staff member must self-isolate for 14 days from contact’s onset of symptoms unless there were already infected in the last 3 months.

If staff member develops symptoms in this period, they should call COVID-19 hotline so they can be tested and follow advice above.

If staff member remains asymptomatic throughout the 14 days, they should return to work. This is regardless of whether other household members develop symptoms (see explanatory timeline in appendix 1).

### Household contact with negative swab

Staff member can return to work.

If staff member, or another household member, has developed symptoms during the period of isolation then they must await the results of their own swab/that of the other household member before returning to work.

**All staff in self-isolation should keep in touch with the COVID-19 team either by telephone or through a phone app which will be provided. Instructions will be given at the time.**

## References

UK Government “Stay at home guidance for households with possible coronavirus infection”. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#ending-isolation> accessed 7 May 2020

NHS England “how do NHS employees get a test for COVID-19” <https://www.england.nhs.uk/coronavirus/publication/how-do-nhs-employees-get-a-test-for-covid-19/> accessed 7 May 2020

Royal College of Pathologists “Algorithm for symptomatic staff, symptomatic household testing and further actions” [https://www.rcpath.org/uploads/assets/7f828428-ca0a-4d1b-82a9c48a06d5fb32/a685285a-4f57-4528-b7c6e689d0467000/G215-RCPath-Algorithm-for-symptomatic-staff-household-testing-and-further-actions.pdf accessed 7 May 2020](https://www.rcpath.org/uploads/assets/7f828428-ca0a-4d1b-82a9c48a06d5fb32/a685285a-4f57-4528-b7c6e689d0467000/G215-RCPath-Algorithm-for-symptomatic-staff-household-testing-and-further-actions.pdf%20accessed%207%20May%202020)

CDC: “Interim Operational Considerations for Public Health Management of Healthcare Workers Exposed to or with Suspected or Confirmed COVID-19: non-U.S. Healthcare Settings.” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/public-health-management-hcw-exposed.html#limited-resources> accessed 26 May 2020

ECDC: “Contact tracing: public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union – second update”

<https://www.ecdc.europa.eu/sites/default/files/documents/Contact-tracing-Public-health-management-persons-including-healthcare-workers-having-had-contact-with-COVID-19-cases-in-the-European-Union%E2%80%93second-update_0.pdf>

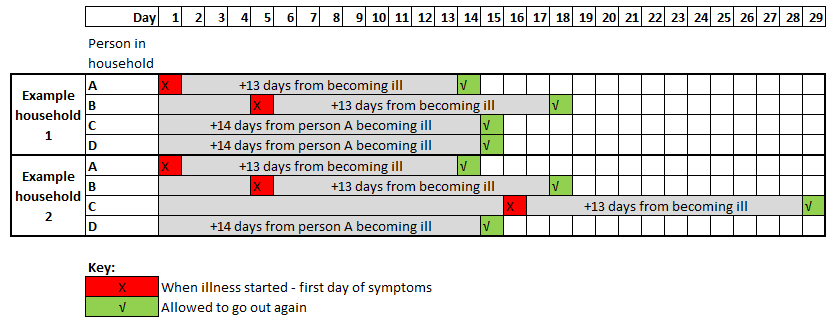
CDC: “When to quarantine” <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html> accessed 15 August 2020

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## Appendix 1: Explanatory diagram of home isolation for COVID-19.



Adapted from

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874011/Stay_at_home_guidance_diagram.pdf>