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Testing of Health Care Workers in Wales for Covid-19 – Advisory note to CMO Wales and CEO NHS Wales

Authors: Giri Shankar and Robin Howe, Incident Director PHW COVID-19 response

Contributors:

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Date: 15 March 2020

Version: 1a

Purpose and Summary of Document: To provide an advisory note to the CMO Wales and CEO NHS Wales on the interim approach to take in Wales regarding the testing of health care workers for COVID-19

Sponsoring Executive Director: Tracey Cooper, CEO PHW and Huw George, Strategic Director for COVID-19 response, PHW

1. Background: This paper seeks to provide an interim approach to take in Wales regarding the testing of health care workers for COVID-19

Following the move to the 'delay' phase of the COVID-19 outbreak response in UK, individuals displaying symptoms of a new onset continuous cough and/or high temperature are being asked to self-isolate at home for 7 days and testing of these individuals is not routinely recommended.

Testing is now recommended for Patients who meet the following criteria (inpatient definition)

requiring admission to hospital (a hospital practitioner has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night)

and

have either 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)

As the majority of individuals who meet the above criteria would have been in contact with Health Care Workers (HCWs) there is an increasing need to have clarity on the criteria for testing HCWs. Public Health England (PHE) does not recommend testing all essential workers with symptoms for reasons of protecting limited laboratory capacity for testing hospitalised patients, for whom the result will influence clinical management and infection prevention and control decisions.

However, the recent experience in Wales of confirmed cases among HCWs has highlighted the need to have an approach which supports testing HCWs under certain criteria. The rest of this paper describes the interim criteria under which HCWs can be considered for testing.

2. Interim Criteria

Keeping HCWs off work for 7 days based on symptomatology pending a negative result will be detrimental to the safe running of the service compared to providing negative result at day 2 or 3 to allow them to return to work. Therefore, based on careful risk assessment, HCW who work in the following area will be considered for testing

- HCWs involved in frontline patient facing clinical care working in the following units
 - a. Acute Medical Assessment Units
 - b. Emergency Departments
 - c. Critical Care Units/Intensive Care Units
 - d. Primary Care

3. Benefits of testing HCWs

- Although a negative test does not rule out infection with COVID-19, it provides a basis for early return of HCWs from Self-isolation to support the running of the service
- HCWs who test positive and recover from the infection can be redeployed to care for COVID-19 patients during the peak of outbreaks

4. The current order for priority of testing during periods of significant demand is:

- **Group 1 (test first)** 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
- **Group 2** all other patients requiring admission to hospital for management of pneumonia, ARDS or ILI
- **Group 3** HCWs meeting the criteria listed in section 2
- **Group 4** clusters of disease in residential or care settings, for example long term care facilities and prisons

5. Operational support

PHW, working with Health Boards, will develop a protocol to help facilitate HCW testing.

6. Summary

The CMO for Wales and CEO of NHS Wales are asked to consider this advisory note to agree the interim criteria for testing HCWs in Wales.