

## 1. Interim approach for testing of health care workers for COVID-19

Following the move to the 'delay' phase of the COVID-19 outbreak response individuals displaying symptoms of a new onset continuous cough and/or high temperature 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. Testing of these 2 groups is not recommended routinely.

### Patient Testing

Testing is recommended for hospitalised patients who meet the following criteria

- requires 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)

### Health Care Workers (HCWs)

To date the laboratory response to testing for COVID 19 has been limited by the need to **protect laboratory capacity** for testing hospitalised patients, for whom the result will influence clinical management and infection prevention and control decisions. In N Ireland, laboratory capacity for testing currently is 200 tests/day and will increase to 800 tests/day in the next 7-10 days to include local testing in the NHSCT and SHSCT. The priority for laboratory testing will continue to be the maintenance of turnaround times for hospitalised patients so samples from HCWs may have longer turnaround time than those from hospitalised patients and turnaround time will depend on whether laboratory testing is at capacity or not.

It is recognised that there is a need for an approach which supports testing HCWs under certain conditions.

## 2. Testing Health Care Workers (HCWs): Interim Criteria

HCWs 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. Physicians and surgeons involved in the care of acutely ill patients

- b. Emergency Departments
  - c. Critical Care Units/Intensive Care Units
  - d. Primary Care
  - e. Frontline Ambulance staff
- 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

**3. 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 working in the settings listed in section 2 (a to e). This will also include family members causing the HCWs to self isolate and symptomatic HCWs who are self isolating.
- **Group 4** clusters of disease in residential or care settings, for example long term care facilities and prisons

**4. Operational support**

6 HSC Trusts will need to have protocols in place for taking samples (nasal and throat swabs as one combined sample unless person is producing sputum) from HCWs or other patients included in group 3. Use the correct form for SARS CoV-2 testing which can be found in the documents and forms section of the website [www.RVL-Belfast.hscni.net](http://www.RVL-Belfast.hscni.net)

**Internally, the 6 HSC Trusts must have their own arrangements in place that describes who to contact and location of testing on the clear understanding that with current testing capacity HCWs may not be tested straight away.**

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.

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](http://www.RVL-Belfast.hscni.net) (SARS-CoV-2 testing form) Unlabelled tubes will not be tested

GOLD is asked to agree the testing of Health and Care workers as described in this paper

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FINAL DRAFT