

Interim FAQ – Asymptomatic testing of patient-facing staff in NHS Scotland hospitals, the Scottish Ambulance Service, COVID-19 Assessment Centres, Community and District Nurses and COVID-19 Vaccinators using Lateral Flow Testing

This guide is designed to provide answers to frequently asked questions regarding asymptomatic COVID-19 testing of patient-facing staff in NHS Scotland hospitals, COVID-19 Assessment Centres, the Scottish Ambulance Service, Community and District Nurses and all COVID-19 Vaccinators.

Version Control

Version	Author	Summary of Changes	Reviewed By	Date
1.0	Scottish Government	Interim FAQ	Expanded Healthcare Worker Testing Programme Board	09/12/20
1.1	Scottish Government	Update to wording following comments from Programme Board members in relation to: <ul style="list-style-type: none"> • Change to isolation requirements • Update on waste disposal • Clarify requirement for LFD testing if already undergoing weekly PCR testing position • Inclusion of question on antibody testing • Expanded scope to include COVID-19 vaccinators 	Pathway lead for expanded healthcare worker testing	18/12/20
1.2	Scottish Government	Update to wording following comments from Programme Board members in relation to: <ul style="list-style-type: none"> • Clarify requirement for continued LFD testing once vaccinated • Inclusion of question on the importance of data capture 	Pathway lead for expanded healthcare worker testing	11/01/21

		<ul style="list-style-type: none"> • Inclusion of question on recording an incorrect result on the portal • Inclusion of extended 'Students on clinical placements' section • Further detail on how to set-up Autofill feature to remove the need for repeated data input • Expanded scope to include Community and District Nurses 		
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General Staff Testing

Why are staff being offered testing?

Testing provides an additional layer of protection, working to identify patient-facing staff members infected with the virus who do not have symptoms, and allow them to self-isolate, so reducing the risk of infecting colleagues and patients. If shown to be positive for the virus, staff will have to self-isolate immediately, along with their household in line with existing government guidance.

In line with the clinical review of our testing strategy, and further scale-up of capacity, we are rolling out routine testing to additional asymptomatic groups using Lateral Flow Device (LFD) Tests. This includes **all patient-facing staff in NHS Scotland hospitals, COVID-19 Assessment Centres, the Scottish Ambulance Service, Community and District Nurses and all COVID-19 Vaccinators**; it includes but is not limited to, all students on clinical placement, porters, cleaners, maintenance staff, volunteers, chaplains, healthcare scientists, AHPs, doctors, nurses, bank/agency staff.

This builds on the existing testing of asymptomatic staff which has been in place since July for staff in oncology, elderly care and mental health wards, with stays over three months. Staff in care homes are also offered testing on a weekly basis. These groups have been identified as high risk areas due to staff caring for vulnerable patients, and/or where there is evidence of increased likelihood of outbreaks.

Staff are also offered testing when asymptomatic as part of incident or outbreak investigation at ward level when unexpected cases are identified. This is carried out in line with existing staff screening policy for healthcare associated infection:

[https://www.sehd.scot.nhs.uk/dl/DL\(2020\)01.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf)

Why are symptoms not a reliable way of identifying infected individuals?

Staff with symptoms should not be at work. The level of infectivity of asymptomatic or presymptomatic individuals is not always known exactly, but studies have shown they

can transmit infection to others, and indeed people can be more infectious just before, or at around the time, of first developing symptoms. Thus, screening of staff for the presence of virus is a method of detecting these individuals and excluding them from work for a period to protect others, including patients, until they are no longer infectious.

It is important to emphasise that staff must remain vigilant for symptoms suggestive of infection with COVID-19, and of symptoms in household members, and to follow the advice of NHS Scotland if these develop: <https://www.nhsinform.scot/self-help-guides/self-help-guide-coronavirus-covid-19>. If a staff member or someone in their household becomes symptomatic, they must **not** come to work but follow the advice outlined above. Even if a staff member develops what could be COVID-19 symptoms after a very recent LFD test, they should immediately self-isolate (along with their household) and book a PCR test via the usual channels for symptomatic testing.

Why haven't you introduced wider NHS staff testing before now?

This expansion is possible because of increases in our testing capacity – both that delivered through our laboratories and that presented by new testing options.

Given that we now have access to significant numbers of LFD tests, we are able to expand routine asymptomatic testing to other groups, including all patient-facing staff in NHS Scotland hospitals, COVID-19 vaccinators, patient facing Scottish Ambulance Service staff, Community and District Nurses and COVID-19 Assessment Centres as a priority.

Asymptomatic healthcare staff are already offered testing if in an outbreak situation, or weekly in certain specialties.

Will testing be mandated?

No. Testing of staff is offered on a voluntary basis, however we would strongly encourage all eligible staff to undertake the testing. It is important to reemphasise that testing is designed to reduce the spread of transmission in hospitals, promote staff safety and the safety of patients and service users, in conjunction with other robust IPC measures.

Lateral Flow Device (LFD) Testing

When will LFD testing of patient-facing NHS staff be introduced?

Following a period of phased implementation, twice weekly LFD testing of in scope patient-facing staff will be rolled out from the beginning of December 2020.

Who will be eligible for the LFD roll out?

All staff members who are in a patient-facing role who work in an NHS Scotland hospital, COVID-19 vaccinators, the Scottish Ambulance Service, Community and District Nurses and COVID-19 Assessment Centres are eligible for the twice weekly LFD testing. This includes (but may not be limited to) students on placement, porters, cleaners, volunteers, chaplains, healthcare scientists, AHPs, doctors,

nurses, bank/agency staff, administrative/ward clerks, ward based pharmacists and hospital based social workers and addiction staff.

How is the test done?

In line with the SOP, the LFD test can be self-administered by staff at home or in the workplace by using only nasal swabbing at a depth of about 1.5cm in each nostril. A swab is taken from both nostrils and then inserted into the extraction tube with the extraction fluid and then rotated and pressed to make sure that the sample from the swab is released into the extraction fluid. You then take the extraction tube with the nozzle cap and place 2 drops of extraction fluid into the sample well of the LFD testing device cartridge and wait for the results on the test device.

The test takes approximately 5 minutes to undertake and results are given in 30 minutes. The timing is critical, as leaving the test for longer can lead to false positive results and the test will need to be repeated.

Training materials, including videos for trainers and staff, an instruction leaflet and a Standard Operating Procedure will be made available to employers and staff through the LFD Lead Coordinator. Training materials will be made available on TURAS at the following link: <https://learn.nes.nhs.scot/28079/coronavirus-covid-19/protecting-yourself-and-your-workplace-environment>

Why are the instructions given by NHS Scotland different to the manufacturer's instructions?

The manufacturer's instructions for use (IFU) are included in the box and are detailed and very technical. These do not need to be followed as NHS staff will use the test in a slightly different way, which has been agreed with experts, discussed with Medicines and Healthcare products Regulatory Agency (MHRA), and the manufacturer informed. This is particularly in relation to use of the test for asymptomatic people, self-administration of the test, and the use of nasal swab inside the lower part of both nostrils. The rest of the process (i.e. the way the test is performed, and the results are interpreted) is the same as set out in the manufacturer's instructions.

A simplified written guide for staff self-testing has been developed nationally by NES; it includes how to undertake the test, how to interpret the results, how to dispose of waste, and where they should store the box containing the test. Local information will need to be provided by Boards, for example, numbers to call for any queries or concerns related to the use of devices and outcome of results.

Who will perform the test?

In line with the SOP, following provision of training materials, the LFD test can be self-administered by staff at home or in the workplace. Some staff are likely to require more support and may prefer to test themselves in the workplace. Boards should take this into account in their local delivery plans.

How many tests will staff get?

The Innova LFD testing kits will arrive in boxes containing the following:

- 25 foil pouches containing the test cartridge and a desiccant
- two vials of 6 mls buffer solution
- 25 extraction tubes and 25 tube caps
- 25 sterilised swabs for sample collection
- The manufacturer's instructions for use of the device (IFU). NB: you will receive instructions for NHS staff separately from the box, and it is these that staff should follow instead.

When deliveries arrive what size of space should be allocated for them?

Tests will arrive on pallets. There are 20 boxes on a pallet that contain 27 smaller boxes which contain 25 tests in each – 13,500 tests in total per pallet. Boards will receive sufficient LFD tests to provide one box of 25 tests to each patient-facing member of staff as soon as possible.

How should I store my test at home?

The test kit should be kept at room temperature – not in direct sunlight and not in a fridge or freezer. Keep the test kit away from children and animals.

How are the tests quality assured?

Quality assurance audits of the test-kit will be agreed and managed nationally.

What should I do if the test kit is defective or causes an adverse event?

Report it through your local adverse event reporting system. This will enable the responsible manager to investigate and identify mitigating actions. Arrangements should also be in place with LFD testing Lead to rapidly notify complaints to National Procurement and adverse events to [IRIC](#), which is responsible for prompt onward notification of Scottish incident data to [MHRA](#).

Is the buffer solution hazardous?

As set out in the manufacturer's safety instructions, the buffer solution is not hazardous; however, if accidentally ingested, a medical practitioner should be informed.

What should staff do with the used tests?

At Home

Negative LFD tests can be disposed of in domestic waste as normal. Positive tests should be double bagged and held for 72hrs before disposal in domestic waste. Regardless of whether the test is negative or positive, it should not be disposed of as clinical waste (i.e. in an orange bag) due to the presence of the test chemicals.

In clinical settings

Any swabs, cartridges and devices associated with LFD testing are likely to be contaminated with liquid chemicals. This waste is not clinical, neither is it infectious waste, therefore it must not be placed in an orange bag, nor disposed of via the clinical waste route.

Due to the liquid chemical content it must be treated by municipal incineration i.e. 'Energy from Waste' from waste facilities. It is necessary for this waste to remain 'visible' in the waste management chain in order to prevent mis-handling or inappropriate treatment (for example. landfill); therefore, where possible, it should be placed in a clear bag.

Where clear bags are not available you should speak to your local waste management team to agree an appropriate approach to achieve the desired treatment route (i.e. incineration). You will need to speak to the general waste contractor and ensure that this segregated waste is taken to energy from waste facilities, this may require separate arrangements to be made from other waste you produce. This may mean agreement to use other type of non-clinical waste bags such as white, black or other bags, as long as it is labelled as non-hazardous, chemically contaminated waste.

What training will staff require?

Staff will be supported with appropriate training materials and guidance documents. These have been developed by NHS Education for Scotland (NES) and include an instruction video, simple-to-use written guidance and a poster outlining how to undertake the test, how to interpret the results, how to dispose of waste, and where they should store the box containing the test. Staff should then be able to self-administer the tests either at home, or in the workplace.

Training materials will made available via TURAS at the following link:

<https://learn.nes.nhs.scot/28079/coronavirus-covid-19/protecting-yourself-and-your-workplace-environment>

Will there be additional support for the first time I take the test?

It is recommended that staff are observed by a trained healthcare colleague the first time they administer the test to identify early on if additional support is going to be required, or if they are unable to perform the test for whatever reason. Boards should use their discretion as to which staff may require training or additional support. Any staff member who needs support undertaking the test should be provided with appropriate support and training and observed on the first occasion. If a staff member is unable to perform the test, NHS Boards should enable testing by other technologies where possible.

Why is the testing method different from that described in the manufacturer's original instructions for use?

We are recommending the swab is used and the sample taken in a different way to the instructions for use, with more rotation of the swab at a lower level of penetration, to enable easier self-administration of the test. This is based on advice from experts. The manufacturer has been informed of the planned use of the tests for self-administered asymptomatic staff testing within the NHS. All NHS Boards should agree a local point of contact to assist staff with any queries relating to the use of the device, and to support with further training if necessary.

What is the specificity and sensitivity of this particular test?

The government has published its latest research on these tests: <https://www.ox.ac.uk/news/2020-11-11-oxford-university-and-phe-confirm-highsensitivity-lateral-flow-tests-following>

This validation found, when used by trained personnel, the Innova LFD test has a sensitivity of 76.8% - meaning it will identify more than 7 in 10 positive cases of COVID. This rises to over 95% of those with high viral loads – who are those most likely to be infectious.

PCR tests are more reliable, why aren't you using these?

PCR tests are more sensitive than currently available LFD tests for COVID-19. That means that they can be done less frequently. But it also means that they may continue to detect viral fragments once someone is no longer infectious for example. Furthermore, LFD tests have been validated in asymptomatic testing (see above link).

Modelling work suggests that LFD tests taken every 3 days prevent a similar amount of transmission compared to PCR swabs taken every 5 days, assuming that all symptomatic persons self-isolate upon onset.

However, because LFD tests are also thought to be slightly less specific than PCR tests, any positive result using a LFD test kit will be confirmed using a PCR test.

Will staff who are currently PCR tested now be tested using LFD tests?

Asymptomatic staff currently weekly PCR tested

Asymptomatic staff who are currently tested using weekly PCR tests should continue to do so based on extant policy, to continue our targeted approach for those patient groups most at risk. However, staff will also be offered the opportunity to be tested using LFD (in addition to their weekly PCR test), so they too can access twice weekly testing. As there is limited capacity for PCR testing, this cannot be expanded to all healthcare workers at this time, but the LFD tests provide a rapid screening route.

Staff who are participating in research studies

Staff who are participating in studies, such as SIREN, should continue their current method of testing via PCR testing in line with study protocols. However, staff will also be offered the opportunity to be tested using LFD (in addition to their weekly PCR test), so they too can access twice weekly testing.

If staff have undertaken an antibody test and the results have indicated they have antibodies, should they still undertake LFD testing?

Yes, staff should still undertake twice weekly LFD testing.

At present, even if someone has previously had COVID-19 (and hence has antibodies), we don't yet know if that protects them from reinfection, or for how long.

And the LFD test measures infection (i.e. antigen), not antibody, so a positive result indicates likely active infection.

The only exception is if someone has tested positive for COVID-19 via PCR test within the past 90 days. A staff member who has tested positive via PCR should not commence/recommence regular COVID testing until 90 days after their positive test was taken. The staff member will need to liaise with their NHS Board to track the date at which the retesting should start. However, as above, if the staff member develops COVID-19 symptoms during that 90 day period, they must self-isolate in line with government guidance and arrange a PCR test.

How frequently should staff be tested?

Staff should test themselves twice a week – every three to four days – to fit with shift patterns – for example, Wednesday and Sunday, or Monday and Thursday. We advise that staff continue to test themselves during periods of leave so that, in the event of a positive test, they can begin their period of self-isolation at that point.

Will staff be expected to test themselves twice weekly irrespective of leave?

We would advise staff to continue to test at home during anticipated periods of leave, in the event of a positive test, they can begin their period of self-isolation at that point. Staff will be expected to test themselves prior to recommencing work.

This excludes staff who have not yet been tested or provided with test kits, who will need to be provided with the LFD test and information on how to access training materials on their first shift i.e. student placements, bank staff or new members of staff.

How will you monitor test results?

The results from the LFD test will be documented by the individual digitally via an online portal. Data from these devices will flow to NHSScotland for use in reporting and any required systems integration. The portal is on a web link so that anyone can use their own device to record the results. For ease, we would encourage users to enable the autofill function in their browser, smartphone or tablet. This can be accessed and updated in either the browser, or device, “settings”. This will remove the need to input repeat information for each recorded test.

Guidance on how to use the portal is included in the instruction guide developed by NES. Further communications will be issued by the Directorate For Health Performance And Delivery in relation to weekly performance monitoring.

Why do I need to record negative and inconclusive tests?

It is vital for performance monitoring purposes that you record the outcome of every test. This gives an indication of both the level of testing across Scotland and provides key data on effectiveness. Furthermore, inconclusive data can help to identify any quality assurance issues with kits, or highlight a need for further training.

Do I still need to record the serial number on my test when inputting results?

No. Following feedback from boards, we have removed the need to capture the serial number of each individual test. Each box of kits will be tracked using the lot number instead.

What if I record a result as positive by mistake on the portal?

If you mistakenly record a negative result as positive, then you should undertake a further LFD test and record the correct result in the portal. Because a positive result was initially recorded, it is likely the contact tracing team will contact you. If they do you should explain that there was an mistake. There is no need for you to isolate unless of course the second test result was positive in which case you should self-isolate and book a PCR test. You should also speak to your manager and explain what happened.

What information should Boards capture when they issues LFD test kits to staff?

Boards should keep a record of how many staff have been issued with LFD kits. When issuing LFD test kits, Boards must ensure the following information is recorded: staff name, payroll number, the date the staff member received their box of tests, when they will require their next box (approx. 12 weeks), the batch number, their contact details and confirmation that staff are aware of how to access training materials.

Will my life insurance policy be affected if I agree to LFD testing?

The British Medical Association (BMA) and the Association of British Insurers (ABI) have released a joint statement on this matter. They have made it clear that healthcare workers should not be discouraged from having a test over concerns surrounding insurance policies:

“Each application for life insurance and income protection will be assessed on an individual basis, regardless of profession, and focussed on the person’s health and severity of any symptoms at the time.”

More information can be found at:

<https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-life-insurance>

Students on clinical placements

We have students on clinical placements, are they included and who do they report their tests results to?

Any students on placement (and in a patient-facing role) should be offered the opportunity to be part of the LFD testing programme whilst on placement. They will need to report positive test results via the online portal, to both their workplace supervisor whilst on placement and their University and follow any university absence policies.

How will you test students on clinical placements?

All students on placement are included in the LFD testing programme. Students on placement in January will require to collect their test kit and be provided with information on how to access training materials on the first day in the placement setting. Students may require more support and may prefer to test themselves in the workplace. Boards should take this into account in their local delivery plans.

Do students require a negative test result before coming to placement?

It is expected that students on placement will be provided with their LFD tests and information on how to access training materials on their first shift. This is to ensure tests are conducted correctly and to provide an overview of how to capture results.

What training will students receive in relation to self-testing?

Students will be supported with appropriate training materials and guidance documents, including an instruction video, simple-to-use written guidance and a poster outlining how to undertake the test, how to interpret the results, how to dispose of waste, and where they should store the box containing the test. This should allow participants to then self-administer the tests either at home, or in the workplace.

Any staff member who needs support undertaking the test should be provided with appropriate support and training and observed on the first occasion. It is recommended that students are observed by a trained healthcare colleague the first time they administer the test to identify early on if additional support is going to be required, or if they are unable to perform the test for whatever reason.

Will I be expected to test myself twice weekly even if I have completed my placement or after I leave the practice area?

Students would not be expected to maintain twice weekly testing after the end of their placement, or when they leave their practice area. The LFD testing programme is designed for patient-facing roles only.

I am in in a practice learning experience where no testing is taking place. Why is this the case?

This would not be defined as a patient-facing role. The LFD testing programme is for patient-facing roles only.

What to do once you have results:

Do staff have to self-isolate if they receive a positive test?

In the event of a positive result, the staff member should self-isolate immediately (along with their household) in line with government guidance, inform their manager and occupational health department, and arrange to have an urgent confirmatory qRT PCR test performed; swabs will be taken in accordance with their organisational protocols and sent to their local designated COVID-19 laboratory for testing. Students on clinical placements should also advise their University.

Until the PCR result is confirmed, the staff member should self-isolate in line with government guidance. At the point the confirmatory PCR test result is known, and this

is positive, test results will, as normal, be referred to Test and Protect so that full contact tracing can commence. If the PCR result is negative, the staff member would be able to attend immediately for duties.

If symptoms develop subsequently, then the healthcare worker should restart their period of isolation from start of symptom onset, in line with Government guidance. Staff should continue to isolate until they have the results of the PCR test.

In line with existing government guidance, the symptomatic staff member should remain in isolation until 10 days from symptom onset, or longer if certain symptoms persist. The rest of their household should remain in isolation for 10 days from symptom onset in the symptomatic person, even if they don't have symptoms themselves.

What happens if my test is negative, but I have coronavirus symptoms?

Staff with COVID-19 symptoms must not be at work. If you have coronavirus (COVID-19) symptoms, please self-isolate as per Government advice and book a PCR test: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-testing>

What must staff do if they are negative?

Staff who test negative from a LFD test can continue to work normally. However, it is **essential** that they continue to follow the advice regarding infection prevention and control practices, including appropriate use of personal protective equipment (PPE), as set out in national guidance:

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-infection-prevention-andcontrol-measures/>

Staff who are negative on LFD testing should **not** regard themselves as definitely free from infection – the test could be a false negative - they may also go on to acquire the virus in the period before the next test. They should remain vigilant to the development of symptoms that could be due to COVID-19; if these develop they should follow the advice of NHS Scotland:

<https://www.nhsinform.scot/self-help-guides/self-help-guide-coronavirus-covid-19>

At what stage is Test and Protect informed of the result?

At the point the confirmatory PCR test result is known, and this is positive, test results will, as normal, be referred to Test and Protect so that contact tracing can commence. If contact tracing does not receive a corresponding PCR result in 48 hours, then staff will be contacted as an index case (via the positive LFT result).

If a staff member has a positive PCR COVID-19 test, when should they start the LFD tests again?

A staff member who tested positive from a PCR test would commence/recommence LFD testing 90 days after their PCR positive test was taken. The staff member will need to liaise locally to track the date at which the retesting should start. Boards will

put in place local process to ensure that staff are reminded to begin testing again 90 days after PCR positive test.

Are we asking potentially positive staff to come to hospitals for a confirmatory PCR test?

NHS Boards should use their normal processes to access tests for staff members who have symptoms of COVID-19. These processes assume that staff may be infected with COVID-19 and therefore suitable IPC and PPE will be in place. Staff should continue to isolate until they have the results of the PCR test.

If a healthcare worker tests positive, will their colleagues be expected to self-isolate too?

In most circumstances, no. Patient-facing staff members are subject to preventative infection prevention and control measures, including PPE. This will be assessed on a case by case basis by the local health protection team.

Testing is only one measure of protection against COVID-19, alongside a strong emphasis on existing IPC measures - including the use of PPE, the extended use of face masks, physical distancing, increased environmental cleaning, symptom vigilance, and good hand and respiratory hygiene.

Should patients who have been in direct contact with a staff member who tests positive with LFD test be tested while the confirmatory PCR test result is pending?

Existing protocols for tracing contacts should be followed.

What should a staff member do if they continue to get invalid or inconclusive results?

When an invalid result is observed, the test should be repeated with a new test kit. However, if this issue persists and an individual continue to get invalid results, they should seek advice and support from their line manager and the Board point of contact for LFD testing.

Wider use of LFD tests:

Can these tests be used for patients?

PCR tests should continue to be used for patients. In addition, in some Boards, LumiraDx devices are being used to test symptomatic patients on admission to hospital.

Can staff use the tests for their symptomatic family members?

No, the LFD kits are for the sole use of the individual staff member. Family members who have symptoms should access tests in the normal way.

Can tests be used as a response to COVID-19 outbreaks?

Should an outbreak be declared in your organisation, testing regimes should be discussed in line with your normal organisational response and local Incident Management Teams.

What about other Infection Prevention and Control Measures? What do staff need to do?

Testing is an addition to help us minimise the spread of COVID-19, therefore we would ask that as staff access their test kits they are regularly reminded of the importance of following national IPC guidance – this includes the use of PPE, the extended use of face masks, physical distancing, increased environmental cleaning, symptom vigilance, and good hand and respiratory hygiene.

I have had a vaccine, do I still need to be tested?

Yes, for now at least. Following a review of the clinical evidence in relation to both the AstraZeneca and Pfizer BioNTech vaccines, the Joint Committee on Vaccination and Immunisation has recommended that first doses of vaccine are prioritised for as many people as possible. This reflects the need to reach as many people in the shortest possible timeframe, providing a very substantial initial protection which, in most cases, is likely to raise them from 0% protected to at least 70% protected in typically 14-21 days.

However, without the increased protection of a second dose it is essential for testing to remain in place. This will be reviewed as we better understand the degree of protection, and duration, the vaccination provides, including whether it is still possible to transmit the virus if you've been vaccinated.

Will the vaccine affect the test?

The vaccination will not impact the test result.

How long do you expect the testing of Healthcare Workers to last?

We anticipate that the testing programme will continue for some time, until there is a wider population uptake of the vaccination, and COVID-19 transmission is at a much lower level.