



By email from: cno@gov.scot

Dear colleague,

Advance Notice of a Pause of Asymptomatic Staff Testing in Health and Social Care and Asymptomatic Testing in Hospitals to be in place by the end of September 2022.

Rationale for Pausing Asymptomatic Testing

The Test and Protect Transition Plan¹ published in March 2022 stated that routine asymptomatic testing in health and social care would be kept under regular clinical review as pandemic conditions and associated threat levels continue to change. Vaccination and treatment effectiveness and the roll out of the Autumn booster vaccination programme has reduced the risk of severe harm from the transmission of COVID-19. The UK alert level has therefore reduced to level 2, while the Scotland threat level remains at Medium.

Current prevalence levels mean testing as part of overall infection and prevention control measures can be paused. In doing so it is hoped that this will make a contribution to supporting patient movement and experience in hospitals.

Symptomatic and outbreak testing should be retained, alongside testing for admission to care homes and to support appropriate clinical diagnosis and treatment pathways as previously stated.

A full list of the testing that is recommended to pause and the testing that should continue is in [Annex A](#).

The rationale for pausing asymptomatic testing in high risk settings includes:

1. Community prevalence is a key driver of risk of infection in staff working in high-risk settings. At lower prevalence the likelihood that individuals entering these settings are infectious also reduces,

From the Chief Nursing Officer, Chief Medical Officer

Professor Alex McMahon
Professor Sir Gregor Smith

14th September 2022

DL (2022) 32

Addresses

For action

NHS Scotland Chairs,
NHS Scotland Chief Executives,
Chief Officers Health and Social Care Partnerships
Local Authorities
HR Directors,
Medical Directors,
Nurse Directors,
Primary Care Leads,
Directors of Pharmacy,
Directors of Public Health,
Infection Control Managers
HAI Leads
HAI Control Managers
Adult care homes
Care at home
For information

Further Enquiries

Scottish Government
Directorate for Chief Nursing Officer
E-mail: cno@gov.scot

¹ [Coronavirus \(COVID-19\): Test and Protect - transition plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/healthandcare/coronavirus/covid-19/test-and-protect-transition-plan)

- and the relative risk of onward transmission into these settings is lower.
2. Immunity in the population is high due to vaccination and natural immunity from prior infection. Individuals at highest risk of severe disease have been offered a fourth vaccine dose. Due to immunity, each individual COVID-19 infection episode has a much lower risk of causing severe disease.
 3. At lower prevalence levels, the proportion of positive results that are false positives increases. False positive results can mean increasing numbers of staff in high risk settings are out of work unnecessarily.

Timing of the Pause

We committed to provide a lead in time for implementation of any new testing policy change. We have issued informal communications over the past two weeks. Therefore, implementation of the pause should be in place by the **28th September 2022** but earlier moves are to be encouraged and we would advise taking immediate effect where this is possible. Access to order Lateral Flow Devices (LFD) for unpaid carers and visitors to care homes and hospitals will end on Wednesday 28th September 2022.

Summary of Changes:

Healthcare Staff and Patient Testing

- Pause asymptomatic regular healthcare worker testing
- Pause admissions testing and pre-elective surgery testing
- Continue pre-elective surgery testing of immunocompromised patients (LFD)
- Continue symptomatic testing of staff (LFD) and patients (LFD/PCR)
- Continue outbreak testing on the advice of Infection Control Doctors (ICDs)

Please see Annex A for a full list of the testing that is paused and the testing that should continue.

The Scottish Government [healthcare worker testing webpage](#) will be updated on Wednesday 14th September.

Appendix 21 of the National Infection Prevention and Control Manual will be updated to reflect the changes to both staff and patient testing on Friday 16th September 2022: [Appendix 21 - COVID 19 pandemic measures \(scot.nhs.uk\)](#)

For updated guidance on managing health and social care staff with symptoms of a respiratory infection, or a positive

COVID-19 test see [Annex B](#) (please be aware this replaces [DL \(2022\) 12](#)).

Social Care Staff including Adult Care Home Staff and Resident Testing

- Pause asymptomatic regular staff testing
- Continue asymptomatic (LFD) resident admissions testing (on discharge from hospital and on admission from community)
- Continue symptomatic testing of client facing staff (LFD) and residents (PCR)
- Continue outbreak testing on the advice of Health Protection Teams

Please see Annex A for a full list of the testing that is paused and the testing that should continue.

The Scottish Government social care testing guidance will be updated on Wednesday 14th September. [Coronavirus \(COVID-19\): social care and community based testing guidance - gov.scot \(www.gov.scot\)](#)

Appendix 22 of the National Infection Prevention and Control Manual will be updated to reflect the changes to both staff and patient testing on Friday 16th September 2022: <https://www.nipcm.hps.scot.nhs.uk/appendices/appendix-22-community-ipc-covid-19-pandemic/>

Full social care guidance, which will be updated by Tuesday 20 September, is available here: [COVID-19 - information and guidance for social, community and residential care settings - version 2.2 - COVID-19 - information and guidance for social, community and residential care settings - Publications - Public Health Scotland](#)

For updated guidance on managing health and social care staff with symptoms of a respiratory infection, or a positive COVID-19 test see [Annex B](#) (please be aware this replaces [DL \(2022\) 12](#)).

Unpaid Carer Testing

- Pause asymptomatic testing and testing before visits

Visitors to Care Homes and Hospitals

- Pause asymptomatic testing and testing before visits

Testing in Prisons

- There are no changes for testing pathways in Prisons at this time and this is under review

Winter Resilience

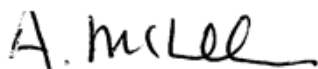
- Those eligible for Anti-viral Treatments continue to access to LFD and PCR tests via online or 119 routes

- Those who are symptomatic and eligible for the Scottish Isolation Support Grant (SISG) to continue to access PCR tests via the online order form

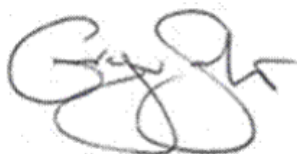
The Scottish Government will continue to keep all COVID testing polices under review. If there is a change in the assessment of the risk or threat level, for example, due to a new variant that is a concern then a detailed assessment of the management of the risk will be made and consideration will be given as to whether asymptomatic testing should be introduced again to mitigate against severe harm for those most at risk.

We recommend that settings keep a supply of LFD test kits as a contingency for at least 3-4 weeks of staff testing in the event that asymptomatic staff testing should be re-instated over the winter.

Yours sincerely



Professor Alex McMahon
Chief Nursing Officer



Professor Sir Gregor Smith
Chief Medical Officer

ANNEX A - PAUSE OF ASYMPTOMATIC TESTING IN HEALTH AND SOCIAL CARE

Testing to be paused in NHS and social care settings:

Setting	Use case	Type of test paused
NHS	NHS Healthcare Worker staff testing (NHS Scotland staff, secondary care, primary care, general practice, dentistry, optometry and pharmacy, hospice staff, students on clinical placements) – routine asymptomatic for patient facing staff only twice weekly	LFD home testing
	NHS commissioned Independent Healthcare Provider testing - routine asymptomatic for patient facing staff only twice weekly	LFD home testing
	Routine asymptomatic testing of non-immunocompromised maternity patients who are admitted to NHS settings	LFD
	Routine asymptomatic testing of non-immunocompromised NHS patients admitted as an emergency	LFD
	Routine asymptomatic inpatient testing of non-immunocompromised NHS patients on day 3 and between day 5 and 7 after admission	LFD
	Routine asymptomatic testing of non-immunocompromised elective care patients – acute day case/overnight pre-admission	LFD
	Routine asymptomatic testing of non-immunocompromised elective day care patients – learning disability and mental health pre-admission testing	LFD
	Hospital visitors – before visit	LFD (home channel)
Adult social care	Routine asymptomatic for adult care home staff only twice weekly	LFD
	Routine asymptomatic for patient facing staff only twice weekly (care at home, adult day centres, personal assistants, short break/respite settings*, residential rehab*, sheltered housing/housing with multiple occupancy*, mental health*, learning disability* (*certain staff depending on risk))	LFD
	Visitor and visiting professional testing in adult social care services and care settings	LFD (home channel)
Unpaid Carers	Routine asymptomatic testing of unpaid carers who care for older or vulnerable individuals in the community/in home	LFD (home channel)

Testing that should continue in NHS settings during the pause:

Situation	Type of test
High risk patients identified for COVID-19 monoclonal antibody and antiviral treatment	PCR or LFD
Symptomatic patients for clinical diagnostic pathway	PCR; primary care testing may also use LFD
Early release from self-isolation for patients in acute settings	LFD testing from day 5 onwards to get 2 negative tests
Pre elective admission of Immunocompromised patient	LFD test at home or on admission
Symptomatic patients who are admitted as an emergency or for maternity care	PCR on admission (POCT or LFD may be used in addition to support patient placement)
Symptomatic elective care patients prior to acute day case/overnight pre-admission	PCR on admission (POCT or LFD may be used in addition to support patient placement)
Symptomatic elective day care patients for example, learning disability and mental health pre-admission testing	PCR on admission (POCT or LFD may be used in addition to support patient placement)
Transfers into or within hospital	LFD prior to transfer to another care area/NHS board if deemed necessary
Discharge patients to care homes/hospices	LFD
Symptomatic Patient Facing NHS staff and staff in NHS-commissioned Independent Healthcare Providers (including return to work testing)	LFD home testing
Outbreak testing in healthcare settings	Both PCR and LFD in specified protocol

Testing that should continue in care services (adult social care) during the pause:

Situation	Type of test
Admission testing from the community for care homes	LFD
Symptomatic adult social care client facing staff (including return to work testing)	LFD home testing
Symptomatic care home residents	PCR
Rapid response testing in care homes	LFD
Outbreak testing in care homes	Both PCR and LFD in specified protocol

Note: In terms of social care, the following roles would be considered service user face-to-face roles:

- members of staff or volunteers who are regularly in a social care setting (for example, a care home or adult day care centre).
- this includes cleaners, catering, and support staff but does not include office-based staff members who do not enter these settings.
- in the context of an individual's own home (including sheltered or very sheltered housing), staff includes those who provide care or support to the individual such as those staff working in care at home and personal assistants but not for example maintenance staff

Testing that should continue in prisons during the pause:

Use cases	Type of test
Routine asymptomatic admission and transfer testing in prisons	Moving from PCR to LFD
Symptomatic testing in prisons	PCR
Outbreak testing in prisons	Both PCR and LFD in specified protocol

ANNEX B – MANAGING HEALTH AND SOCIAL CARE STAFF WITH SYMPTOMS OF A RESPIRATORY INFECTION, OR A POSITIVE COVID-19 TEST

This guidance applies to health and social care staff who work with patients and service users in a face-to-face setting.

In terms of social care, the following roles would be considered service user face-to-face roles:

- members of staff or volunteers who are regularly in a social care setting (for example, a care home or adult day care centre) and provide close, personal care and support.
- this includes cleaners, catering, and support staff but does not include office-based staff members who do not enter these settings or directly care and support people.
- in the context of an individual's own home (including sheltered or very sheltered housing), staff includes those who provide close, personal care or support to the individual such as those staff working in care at home or as personal assistants, but not, for example, maintenance staff.

Staff members with symptoms of a respiratory infection including COVID-19

Anyone who has symptoms of a respiratory infection and a high temperature or does not feel well enough to go to work is advised to stay at home and avoid contact with other people as set out in the [‘Stay at Home’](#) guidance. Further advice on other actions, to take outside of work are provided in this guidance.

In addition, health and social care staff who work with patients and service users in a face-to-face setting, who have symptoms of a respiratory infection and a high temperature or do not feel well enough to attend work, are advised to take a lateral flow device (LFD) test as soon as they feel unwell. The result of the LFD test should be reported to their line manager.

If the LFD test result is negative, they can attend work if they are clinically well enough to do so and they do not have a high temperature.

If the staff member works with [patients whose immune system means that they are at higher risk of serious illness despite vaccination](#), they should discuss this with their line manager who should undertake a risk assessment.

If they are still displaying respiratory symptoms when they return to work, they should also speak to their line manager who should undertake a risk assessment.

On returning to work, the staff member must continue to comply rigorously with all relevant [infection control precautions](#) and personal protective equipment (PPE) must be worn properly throughout their shift and remain vigilant for symptoms.

Symptoms of COVID-19, flu and other common respiratory infections include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise

- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick
- increased confusion, delirium

Staff members who receive a positive LFD test result for COVID-19

If staff receive a positive COVID-19 test result, regardless of whether they have symptoms, they should not attend work for a minimum of 5 full days. Staff working with patients and service users in face-to-face settings can return to work when they have had 2 consecutive negative LFD test results (taken at least 24 hours apart). Those not working in such settings do not require testing before going back to work, as long as they feel well and do not have a high temperature.

The first LFD test should only be taken 5 days after the day their symptoms started (or the day their first positive test was taken if they did not have symptoms); Day 0 is the date of the onset of symptoms.

If both LFD test results are negative, they may return to work immediately after the second negative LFD test result, provided they meet the criteria below:

- They feel well enough to work, and do not have a high temperature
- a risk assessment is done and consideration is given to redeployment (if they work with individuals whose immune system means that they are at higher risk of serious illness despite vaccination), until 10 days after their symptoms started (or the day their first positive test was taken if they did not have symptoms)
- they continue to comply with [infection control precautions](#) and personal protective equipment (PPE) is worn and disposed of correctly.

If the day 5 LFD test is positive, they should continue to test daily until they have received two negative LFD test results, taken 24 hrs apart. If the staff member's LFD test result is positive on the 10th day, they should discuss this with their line manager who may undertake a risk assessment to facilitate a return to work.

If staff working with patients and service users in face-to-face settings are feeling well enough to return to work but are still displaying respiratory symptoms, they should also speak to their line manager who should do a risk assessment.

Staff members who are contacts of a confirmed case of COVID-19

People who live in the same household as someone with COVID-19 are at a high risk of becoming infected because they are most likely to have prolonged close contact. People who stayed overnight in the household of someone with COVID-19 are also at high risk.

If a staff member is in a household or overnight contact of someone who has had a positive COVID-19 test result it can take up to 10 days for infection to develop. It is possible to pass on COVID-19 to others, even with no symptoms.

Patient-facing healthcare staff who have had overnight or household contact with someone should discuss ways to minimise risk of onwards transmission with their line manager.

This may include considering:

- redeployment to lower risk areas for patient/client-facing staff, especially if the member of staff works with patients whose immune system means that they are at higher risk of serious illness despite vaccination
- working from home for non-patient-facing staff
- limiting close contact with other people especially in crowded, enclosed or poorly ventilated spaces.

Whilst they are attending work, they must continue to comply rigorously with [IPC](#) measures and wear the appropriate PPE for the setting they are in.

Symptom vigilance is important. At any point, if the member of staff develops symptoms, they should follow the advice for staff with symptoms of a respiratory infection, including COVID-19, as outlined above.