

STAFF TESTING GUIDANCE

Purpose: To outline Trust response managing COVID-19 testing for all BSUH staff.

Date policy live: 3th April 20

Updated: 6th April 20

Approved by: Clinical Advisory Group 7th April 2020

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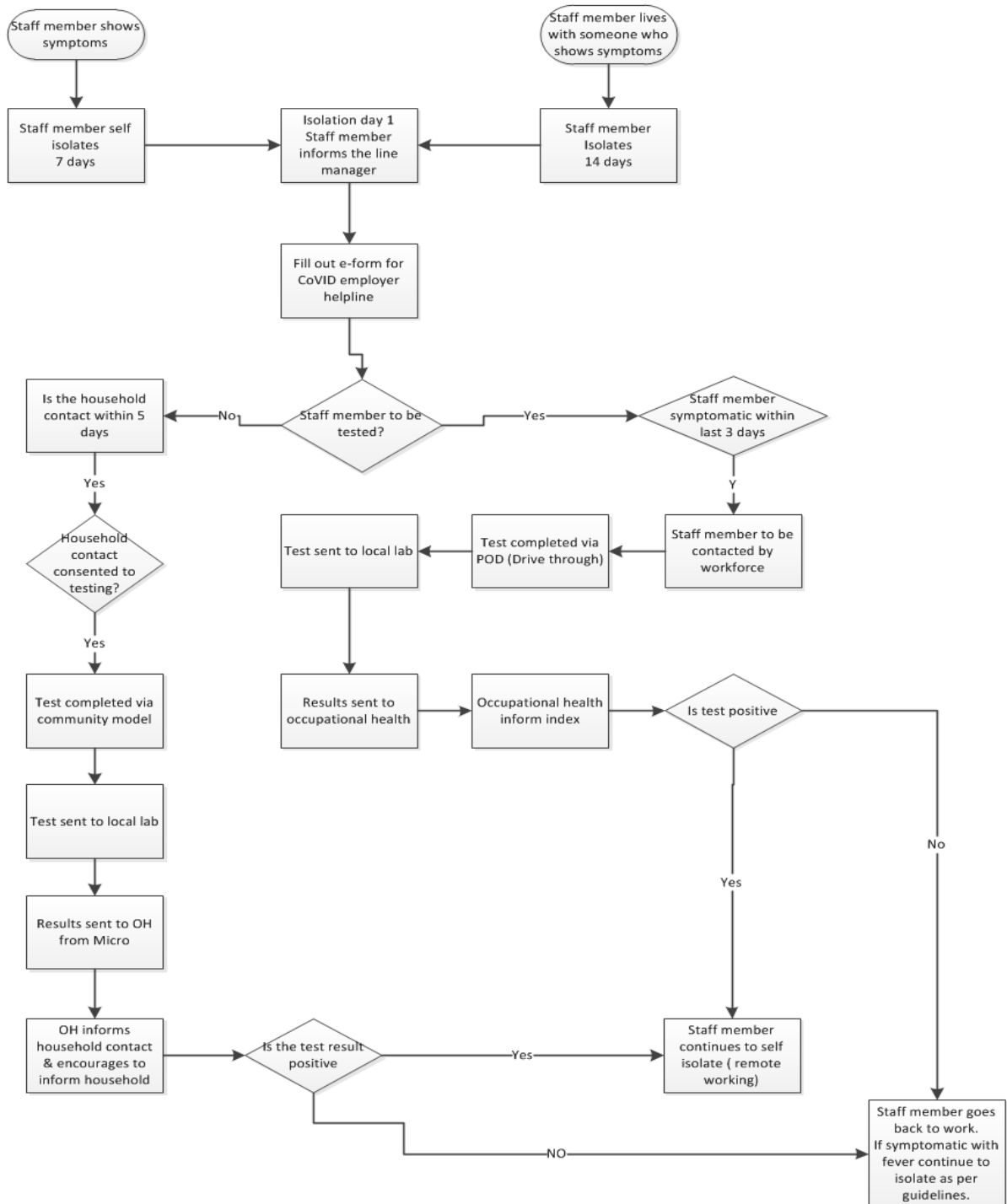
Amendments: Workforce Reporting

The Trust current capacity is 20 tests per day for staff. These guidelines will identify priority staff groups that require testing until capacity can be increased.

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Staff testing pathway



2. Criteria for testing:

- **Symptomatic staff:** Staff currently self-isolating that have developed COVID-19 type symptoms within the last 3 days.
- **Asymptomatic staff:** Staff currently self-isolating due a family member or someone they live with that has developed COVID-19 symptoms within the last 5 days. Symptomatic family member to be tested. Staff member will not be tested unless they become symptomatic between time slot booked and arrival at POD.

CEO Message: Priority is being given to those colleagues working in emergency departments and critical care and other key, clinical colleagues in patient facing roles, who develop new symptoms.

High priority areas include Emergency departments, Critical care, AAU, Acute Respiratory Unit (ARU), Pyecombe, Courtyard & Twineham, also clinicians treating immune-suppressed patients

Staff tested will be contacted by occupational health/workforce. Staff should not be tested using any other pathway.

3. Timeline for tests:

A&E POD will be open each day 8.30am-2pm for swabbing in 15 minute slots.(30 min scheduled break)
2 x testers will be available for swabbing between these times.

Occupational health will receive results between 5-5.30pm. bsuh.duty.oh@nhs.net

Occ Health will then contact staff/family member between 24-48 hours with results.

OH report results from the day to the Workforce Reporting team via the team inbox (bsuh.covid19absence@nhs.net)

4. Process for testing

1. All absence in relation to COVID-19 should be reported through e-form <https://www.bsuh.nhs.uk/covid19-staff-absence-form/> to the Workforce Reporting team inbox bsuh.covid19absence@nhs.net . These records are entered in to HealthRoster. A daily report is produced of symptomatic staff with symptoms that have been evident within 5 days
2. The Workforce Reporting team will make contact with staff from the daily list to book an appointment for testing within 2 days. Staff information will be taken to include DOB, contact number, address, GP practise. This is populated in to a daily report that is sent to bsuh.staffcovidsamplingsch@nhs.net The team conducting sampling for the day will be able to access the daily list of staff to test from this in box prior to the start of the day
3. Co-ordinator for the POD and Admin for the POD meet ready for 8am start and link with ED Technicians re Stock for the day.
 - Equipment needed
 - Swabs
 - Forms
 - Labels
 - Clinical waste supplies
 - PPE for staff swabbing – FFP Mask / Visor / Gown / Gloves
4. Front sheet and labels to be printed by ED reception team prior to the start of the testing list and handed to the testing team.
5. Clinical Coordinator to go to the car – identifies the staff member and takes 1 swab (combined nasal/throat swab) as per guidance (Laminated guide in POD) Staff member to remain in car.
6. All samples bagged correctly as Guidance (laminated guide in POD)

All Samples aim to be sent to the Lab by 11.30am for same day results. Sample must be labelled **A&E POD\STAFF MEMBER**
7. Results sent to Occupational health via bsuh.duty.oh@nhs.net. Occupational health to contact staff/household contact with results within 24-48 hours of testing
8. If positive give incident room nurse phone number in case advice needed. If Negative advised to inform manager to arrange return to work.
9. Send summary sheet with stickers of staff sampled scanned to bsuh.staffcovidsamplingsch@nhs.net. Along with confirmation of any results received on staff sampled
10. All patients removed from Symphony by end of day and within 4 hour time frame.

Appendix 1

Clinical Advisory Group members:	
Carolyn Morrice - Chief Nurse	Mohammedosman Hassanibrahim – Consultant Virologist
Catherine Sargent - Deputy DIPC	Rob Haigh – Medical Director
Shila Patel – IPC Team	Amanda Walker - IPC Team
Martin Llewelyn - Global Health and Infectious Diseases	Tom Ruffles – Consultant
Owen Boyd – Critical Care lead consultant	Clare Williams – Deputy Chief Nurse
Martin Duff – Clinical Lead Medicine Division	Katherine Miller – Divisional Lead Nurse Acute Floor
Jane Pateman – IPC Team	Lisa Leonard – Clinical Lead Surgery Division
Mark Paul – Consultant	Craig Marsh - Matron for AAU and EACU
Andrew Elkins - Consultant	Alison Schulte - Consultant
Anita Sugavanam - Consultant	Clare Phillips – ICU Consultant

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