

Management of Respiratory Testing (May 2023)

The UK Health Security Agency (UKHSA) has recently published a revised approach to testing and surveillance for COVID-19, recommending that testing be offered only to individuals and settings at highest risk from COVID-19.

COVID-19 testing will continue as part of a diagnostic pathway if patients or staff are symptomatic. However, when it is required, testing has now moved PCR to lateral flow tests (LFT). LFTs have proven to be effective, rapid and safe. These tests are regularly monitored against new variants and continue to be effective at detecting COVID-19.

Patient testing

Case Type	UKHSA guidance from 01/04/2023	UH Sussex approach from 02/05/2023
Symptomatic adults/children admitted for care or developing symptoms within hospitals.	PCR (or LFT at local discretion).	LFT Negative - further in lab, in hours Respiratory Virus PCR testing as per seasonal testing pathway (appendix 1 below). LFT Positive – high risk patients assessed for COVID- 19 monoclonal antibody and antiviral treatment.
Asymptomatic emergency, elective pathway (day case and overnight), and transfer of care admissions in all settings.	<u>No routine testing.</u>	Adopt UKHSA guidance No routine asymptomatic testing LFT may be used for placement on haematology or renal wards as per local specialty guidance.
Discharge of asymptomatic patients to other care settings, including care homes and hospices.	A single LFT within 48 hours before discharge from hospital to care homes and hospices.	Adopt UKHSA guidance A single LFT within 48 hours before discharge from hospital

<p>Outbreak testing in healthcare settings.</p>	<p>PCR for clinical diagnostic purposes for symptomatic patients where having COVID-19 will affect their clinical management.</p> <p>LFT for asymptomatic contacts is appropriate to support outbreak management in line with local IPC guidance.</p>	<p>Symptomatic patients - LFT. If negative further in lab, in hours Respiratory Virus PCR testing as per seasonal testing pathway</p> <p>Asymptomatic contact patients – Risk assess and LFT if advised by IPC team. (Contacts will be isolated for 5 days. They will only have an LFT if symptomatic unless specifically advised by IPCT).</p>
<p>Release from side room/cohort isolation for symptomatic patients in acute settings.</p>	<p>Symptomatic patients and those testing positive should be isolated or cohorted together where possible for a minimum of 5 days with release from isolation guided by clinical judgement when well and free of fever for 48 hours (maximum 10 days isolation if not immunocompromised).</p> <p>Local discretion to extend isolation and test to release for the immunocompromised.</p>	<p>Immunocompetent patients: Isolate minimum 5 full days. Clinical review from day 6 (no LFT required) and release from isolation when well and afebrile for 48hrs (max 10 day isolation).</p> <p>Severely Immunocompromised patients:</p> <p>LFT daily from day 5 onwards.</p> <p>Two consecutive negative LFTs (24hrs apart), patient feeling well, afebrile for >48hrs</p> <p>LFT remains positive – keep isolated and test daily until 2 negative. If persistently positive beyond 14 days discuss with an infection specialist.</p>
<p>Asymptomatic transfers into or within hospital for immunocompromised patients.</p>	<p>No routine testing.</p>	<p>No routine testing.</p>

Staff testing

If a staff member is symptomatic they should not be at work

The new approach also includes changes for symptomatic staff testing, as set out in the table below. For those staff who will continue to test under the new approach, the actions they should take on receipt of a positive test will not change, as per UKHSA guidance.

Case Type	UKHSA guidance from 01/04/2023	UHSussex approach from 02/05/2023
Symptomatic NHS staff who are not providing direct inpatient care to those who are severely immunosuppressed	LFT only for staff primarily working on wards/areas focused on treating severely immunocompromised individuals. ¹ No return to work testing.	No routine testing No return to work testing
Symptomatic NHS staff providing direct care to inpatients who are severely immunosuppressed	Symptomatic patient-facing healthcare staff should follow advice for staff with symptoms of a respiratory infection or a positive COVID-19 test result. Discretion for return to work testing for staff working on these inpatient wards.	LFT Negative – staff can attend work if well enough and afebrile. Staff with minor cold symptoms should wear a facemask when with other staff and patients and observe good IPC precautions. Consider need to interact with severely immunocompromised patients. Contact Occupational Health for further advice. LFT Positive - do not attend work for minimum 5 full days. Return when feels well and afebrile. Return to work LFT is not required unless staff member is immunocompromised. If so, seek guidance from Occupational Health. Further guidance on managing healthcare staff with respiratory infection is available from UKHSA Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result

¹ Severely immunocompromised refers to patients who are unlikely to mount an effective vaccine response, such as haemato-oncology and solid organ or stem cell or bone marrow transplant patients.

Points of Clarification

Routine testing for asymptomatic staff was paused in August 2022. This pause remains in place.

All staff should follow the [‘Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result’](#) and [COVID-19: information and advice for health and care professionals](#) guidance.

Staff who are working in a clinical area should wear appropriate PPE as directed by Trust policy and the national Infection Prevention and control manual ([NHS England » National infection prevention and control manual \(NIPCM\) for England](#)).

‘Staff who provide direct care to inpatients’ includes any staff who work predominantly in a clinical ward or department where patients are being seen or cared for.

Lab based PCR will only be used for symptomatic patients with a negative lateral flow. It will not be used to confirm lateral flow unless directed by an infection specialist. Please follow UHSx Respiratory virus testing (adults and children) appendix 1 below

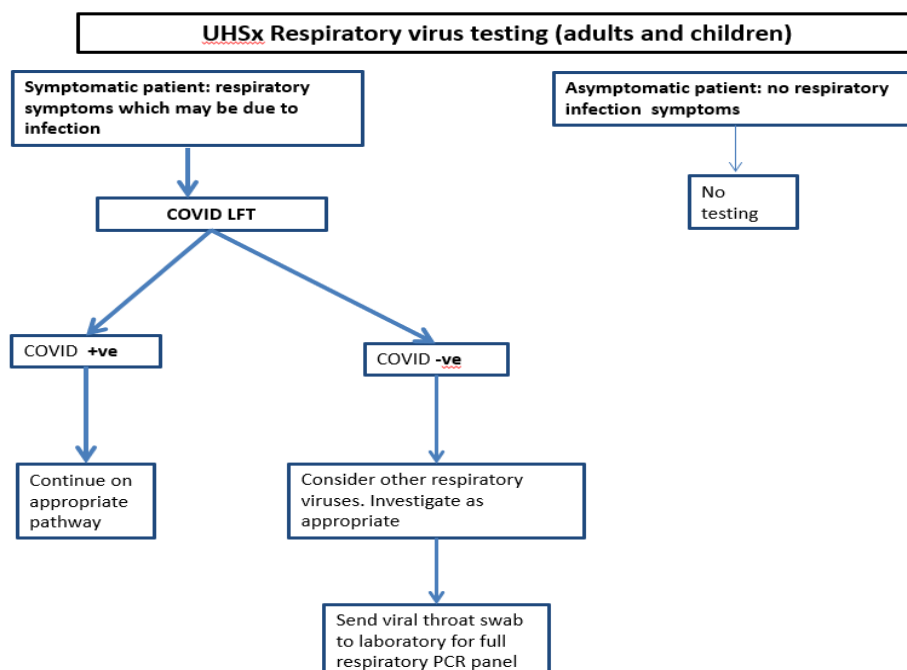
No other tests (lab or point of care) will be used for Covid testing.

Microbiology will monitor baseline use of PCR to signal adherence to this protocol.

Procurement will manage appropriate stocks of LFTs and identify any areas that are using excess stock to IPC, who will monitor appropriateness of testing.

IPC will continue to monitor and manage outbreaks as per locally agreed protocol.

Appendix 1



Respiratory pathway flow cards v7 ,
 02/05/23