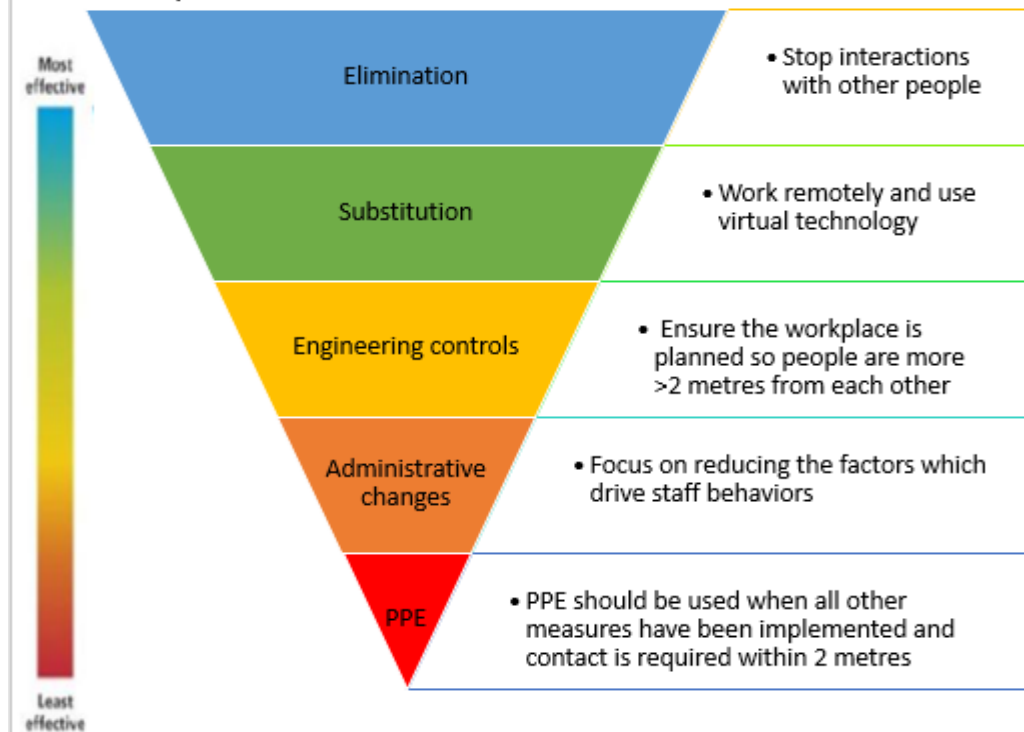




Programme for Asymptomatic Staff Testing for COVID-19 utilising Lateral Flow Devices (LFD)

• Hierarchy of Controls

Steps to reduce the risk of COVID



- **Aim:** Utilising a risk adjusted approach to develop & implement a roll out plan to offer LFD test kits to all patient-facing staff in Hywel Dda UHB (circa 7,900) by 31 May 2021.

• Objectives

1. Introduce an added measure aimed at reducing onward transmission of COVID-19 **in addition** to the existing hierarchy of controls.
2. Identify asymptomatic positive staff, and implement self-isolation and tracing as early as possible (may have a positive impact on reducing transmission of COVID-19)
3. Implementation of routine patient-facing staff testing may provide confidence to staff and the public.

Programme for Asymptomatic Patient-Facing Staff Testing for COVID-19 utilising Lateral Flow Devices

Programme Plan for Asymptomatic Staff Testing for COVID-19 of patients facing staff utilising Lateral Flow Devices						
Priority Rating	Staff Group/Clinical Drivers	Department/Directorate	Champion Support	Initial Engagement	Test Kits Delivered	Testing commenced
Group 1	Chemotherapy Staff	Acute/Community	GM	25/01/2021	29-Jan	03-Feb
Group 1	COVID Outbreaks	Acute	GM	03/02/2021	04-Feb	05-Feb
Group 1	Visiting Professionals to Care Homes	Community				
Group 2	Community Healthcare Staff	Community		09-Feb		
	> Nursing Staff		HoN			
	> AHPs		Clinical Director Therapies			
	> Medical/GP		County Director			
	> Pharmacy		Head of Medicines Management			
	> Other		Head of Medicines Management			
Group 2	Peripatetic Staff Groups (working across wards/dept.)	Acute/Community/PC		15-Feb		
	> Hotel Services Staff		HSS Coordinator			
	> Clinical Nurse Specialists		HoN			
	> Medical Staff		Hospital Director/AMD PC			
	> AHPs		Clinical Director Therapies			
Group 3	Staff working in planned care 'Green' pathways	Acute	GM	22-Feb		
Group 3	Staff working in Critical care		HoN	25-Feb		
Group 3	Staff working in admission wards/departments		HoN	26-Feb		
Group 4	Non-peripatetic			01-Mar		
	> Hotel Services Staff		HSS Coordinator			
	> Clinical Nurse Specialists		HoN			
	> Medical Staff		Hospital Director/AMD PC			
	> AHPs		Clinical Director Therapies			
Group 5	Staff working in COVID Red areas		GM	08-Mar		
Group 5	All remaining staff					TBC

Current risks associated with asymptomatic staff screening

Risk	Mitigation
<p>Low sensitivity of the LFDs (50%) and the associated risk of false negative results and the potential for a false sense of security/relaxation of infection prevention and control processes/use of PPE/social distancing.</p>	<ul style="list-style-type: none">• Reinforcement of primary control measures:<ul style="list-style-type: none">• Social Distancing• PPE• Hand Hygiene• Other SICPs
<p>With a high specificity of 99.94%, the proportion of false to true positives increases as community prevalence decreases. However, the number of false positive results will be low and as such should not pose a risk to staffing levels due to staff self-isolating whilst waiting for a confirmatory RT-PCR test.</p> <p>Out of 10,000 tests at a prevalence of 0.2% (200 per 100,000 population) we would expect to see 10 true positive and 6 false positive results.</p>	<ul style="list-style-type: none">• Monitoring Epi Summaries & evaluations of the evidence closely to anticipate increased incidence.• Robust processes for communicating results, arranging RT-PCR and managing staff absenteeism.
<p>Feedback to date on asymptomatic testing indicates that the risk to patient care is deemed to be minimal as data suggests only 1-4% staff tested positive (less than 1 staff member in the initial cohort up to 79 staff members from full roll out to 7,900 staff). In addition testing does not replace the hierarchy of controls outlined in Slide 2 – thus staff should be wearing appropriate PPE, following strict infection prevention and control guidelines and practising appropriate social distancing rules.</p>	

Risk adjusted roll out plan – considerations

Group 1

Vulnerability of patients: e.g. those who are immunocompromised.

- The vulnerability of the patient group, who are asked to self-isolate and are tested for COVID-19 prior to commencing chemotherapy.

Staff working in Outbreak Areas:

- To identify asymptomatic infection in staff early and reduce risk of onward transmission
- To monitor staff exposure risk while working in outbreak areas due to the potential higher viral load in that area

Visiting Professionals to Care Homes:

- To reduce risk of transmission of virus between healthcare and social care settings as staff move between hospitals, care homes and private homes

Risk adjusted roll out plan – considerations

Group 2

Community Healthcare Staff:

- To reduce risk of transmission of virus between healthcare and social care settings as staff move between hospitals, care homes and private homes
- To demonstrate additional measures are being taken to reduce exposure risk for patients in their own homes by visiting healthcare professionals (in addition to the hierarchy of controls)

Peripatetic Staff Groups

- To reduce the risk of transmission from asymptomatic carriage from staff, working between wards/departments and across health & social care to patients/clients/residents.

Risk adjusted roll out plan – considerations

Group 3

Green Pathways:

- To reduce the risk of transmission from asymptomatic carriage from staff caring for patients scheduled for planned procedures. These patients are asked to self-isolate and are tested for COVID-19 prior to surgery.
- Current research indicates poorer outcomes for some post operative procedures if patient acquires COVID-19.

Staff Working in Critical Care:

- To reduce the risk of transmission due to asymptomatic carriage from staff caring for highly vulnerable patients through early identification of asymptomatic carriage of COVID-19.

Staff Working in Admission Wards/Departments:

- To reduce the risk of transmission due to asymptomatic carriage from staff at the start of their secondary care journey through early identification of asymptomatic carriage of COVID-19.

Risk adjusted roll out plan – considerations

Group 4

Non-Peripatetic Staff Groups

- Early identification of asymptomatic carriage of COVID-19

Risk adjusted roll out plan – considerations

Group 5

Staff working in COVID Red areas

- Early identification of asymptomatic carriage of COVID-19

Risk adjusted roll out plan – considerations

Group 5

All remaining patient-facing Staff

- Early identification of asymptomatic carriage of COVID-19

Proposed Roll Out Plan for Asymptomatic Staff LFD Testing

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	> <i>Medical Staff</i>		Hospital Director/AMD PC			
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Group 5	Staff working in COVID Red areas		GM	08-Mar		
Group 5	All remaining staff			TBC		