OCCUPATIONAL HEALTH - STAFF TESTING UPDATE - RESPONSE TO COVID-19

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Paper J

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	x
Noting	For noting without the need for discussion	

Executive Summary

The Occupational Health Service (OHS) response to the COVID-19 pandemic has been extensive. Three key work streams have emerged: staff testing (symptomatic swabbing, asymptomatic swabbing and antibody tests), additional clinical advice to support the risk assessment of staff with underlying vulnerabilities, and additional recruitment checks for those returning to or joining the healthcare workforce.

This unprecedented demand has impacted on some core ‘business as usual’ and this is expected to be sustained throughout the winter period. However, the OHS has robust plans to ensure the testing needs of the UHL workforce continue to be met and are sustained. This paper provides a brief overview of the testing that has occurred to date and current plans.

Questions

1. What is the current process and progress with testing staff to date, across all testing platforms?
2. What are the next steps / plans for next 30 days?

Conclusions

The OHS has responded to the demands for COVID-19 testing by the development of innovative programmes for testing symptomatic staff or household contacts, asymptomatic staff, and provision of antibody testing, and has also supported system partners.

Testing of staff with symptoms or their family is likely to remain necessary throughout the winter period and the demands will be kept under constant review.

At the time of writing, additional funding has been secured to scale up the symptomatic testing programme and relocate to the LGH site where premises are better suited to higher volume testing.

Antibody testing and asymptomatic tests remain available although current demand is low and is not expected to change significantly.

The focus for the next 30 days will be to ensure symptomatic testing capacity meets demand.

Input Sought

PPPC is asked to:

- Note the testing strategies that are in place and the activity to date
- Note the sustained increase in activity and demands on the OHS service

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures [No]
Safely and timely discharge [No]
Improved Cancer pathways [No]
Streamlined emergency care [No]
Better care pathways [No]

2. Supporting priorities:

People strategy implementation [Yes]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA) N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required N/A
- How did the outcome of the EIA influence your Patient and Public Involvement?
- If an EIA was not carried out, what was the rationale for this decision? EIA undertaken against specific work streams as required.

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?		
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None		

5. Scheduled date for the **next paper** on this topic: n/a

6. Executive Summaries should not exceed **5 sides** [My paper does comply]

Introduction

There is evidence to suggest that healthcare workers (HCWs) face a higher risk of coronavirus infection than the general population, and this raises the possibility that infected HCWs may pose an onward risk to their colleagues, household and other community contacts and their patients. Previous studies have estimated that nosocomial transmission of coronavirus is responsible for 12.5% of hospital COVID-19 cases.

Compounding these concerns is the potential for asymptomatic infection in HCWs, which has led to calls for routine screening of asymptomatic staff for coronavirus.

For these reasons, it is important that healthcare workers at UHL can access testing immediately if they develop symptoms, and that this testing is also available to their household contacts. Testing in this way has two purposes: to diagnose the infection itself and confirm the need for isolation of the individual and containment of the infection, or to 'release' the staff member and their household contacts from unnecessary isolation if they return a negative test.

1) **Symptomatic testing**

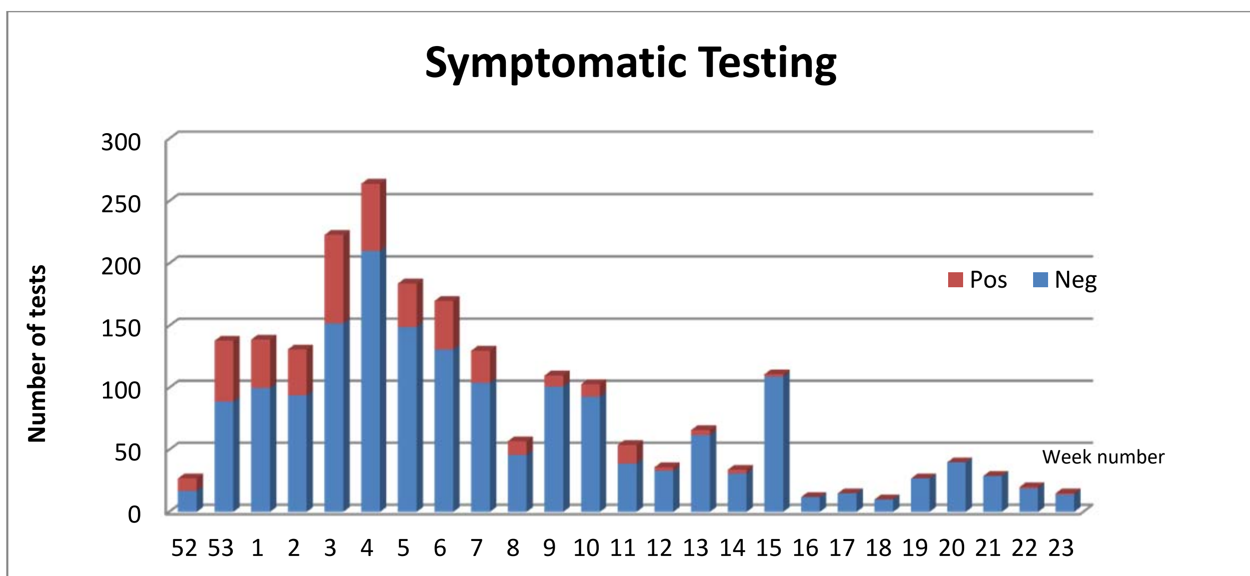
The UHL OHS began to offer testing to staff (and family/ household contacts) with symptoms back in March 2020 and this was the first established healthcare worker testing programme locally. A 'drive-thru' facility was set up, and the capacity and location was subsequently modified to cope with changes in demand.

At the peak of the COVID-19 situation in April 2020, we collaborated with the newly established pillar 2 testing facilities locally to ensure staff could access testing at these additional community sites. After problems with this process emerged (delay in results being supplied) the process was brought fully back in house.

To date, over 2200 staff and household contacts have been tested through this process, with 422 positive tests, the highest numbers of which were in the 3rd and 4th weeks of April.

NB this is not a perfectly accurate reflection of the entire number of tests as staff members are of course free to seek tests elsewhere and do not always report positive results to the OHS. This is a demand driven rather than a target driven process.

From the graph below, the changes in demand can be clearly seen.



Demand remained low thought the summer months and early September. However, since w/c 7 September, the demand for tests has started to increase again.

Accordingly, the situation is being monitored closely and at the time of writing, additional funding has been secured to scale up the symptomatic testing programme and relocate to the LGH site where premises are better suited to higher volume testing.

2) Asymptomatic Testing

The true clinical utility of asymptomatic testing remains unclear. There is some evidence to suggest that asymptomatic transmission can occur and that this is the case in a proportion of infections.

However, when the prevalence of COVID-19 infection in the population as a whole is low (<0.5%) then issues arise with false positive and false negative results affecting the validity of the data.

A briefing from the CMO/DCMO's office recommends against large scale asymptomatic testing apart from in specific scenarios:

- When the objective is to increase understanding about the spread of the virus – for example studies to establish prevalence within a given area, setting or group;
- A new population is being introduced into a high-risk, closed setting;
- Where there is a strong reason to believe that prevalence may be higher than it is in the general population; and/or
- To manage an outbreak (to mitigate spread of infection)

The CMO/DCMOs are clear that one-off asymptomatic testing should not be used as a tool for action on an individual basis (i.e. to enable a specific change in activity or behaviour on the basis of a negative result) because it does not guarantee that someone does not have the virus. It is possible that individuals who test negative might possibly be incubating the virus and may go on to develop symptoms.

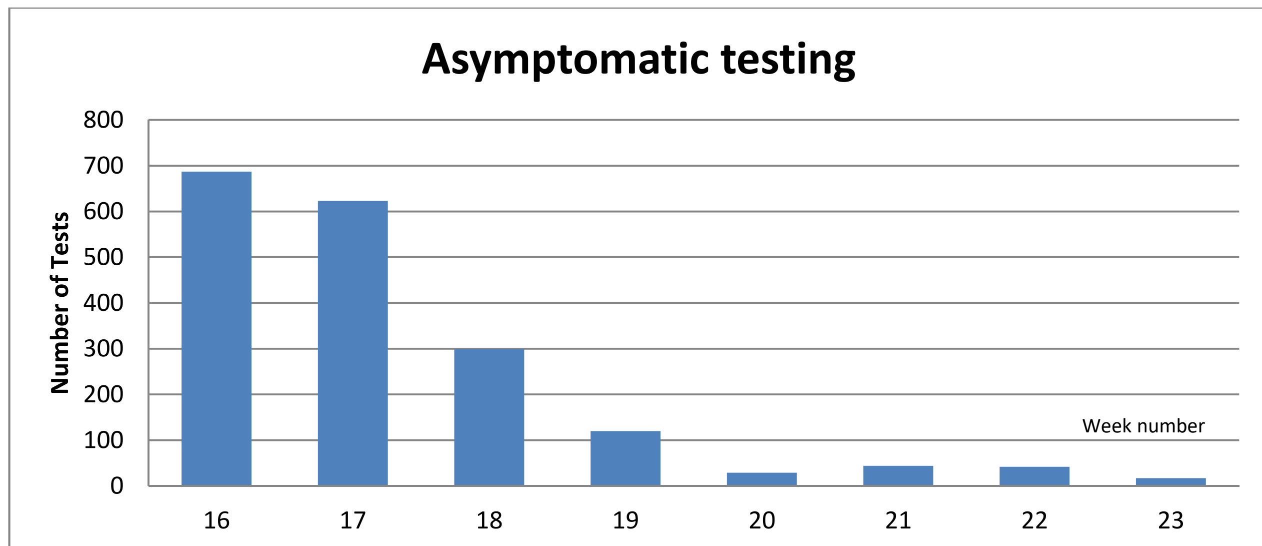
However, given the rise in cases in Leicester City and some suburbs which occurred in July 2020, NHSE instructed UHL to offer asymptomatic testing to all staff, available on a weekly basis. The scale of this (workforce c 16,500 persons) coupled with resource limitations in terms of both laboratory testing capacity and burden on the OH service was debated and ultimately a plan to offer 2000 tests per week to staff was developed and approved by NHSE.

To facilitate this volume of tests, each clinical CMG developed plans to offer a limited number of tests each day/week and manage the process by establishing a 'pop up clinic' where the specimen could be taken and the request made on the clinical systems.

The uptake of tests proved to be much lower than this figure, however, likely related to the availability of testing elsewhere in the City and the reluctance of some staff to have testing as a positive result would result in the unappealing prospect of household isolation for 14 days.

Since the process was launched, 1861 tests have been completed, but no genuinely positive asymptomatic cases have been detected. As can be seen from the data below, demand quickly lessened. Given the lack of positive cases and the ongoing cost and time implications of the process, we requested permission from NHSE to cease offering such large scale testing and this was granted on 1St September.

Nevertheless, although large scale asymptomatic testing has now been stood down, we will continue to offer this on a case by case basis for staff as a supportive measure, as having easy access to reliable testing is clearly very reassuring for our staff and demonstrates our commitment to health and wellbeing as a responsible and caring employer. Staff simply need to contact the OH Service who will arrange testing by the OH daily duty nurse.



3) Antibody Testing

The clinical utility of antibody testing also remains uncertain; however completing large scale testing of populations is a key strategy to help add to the collective understanding of the scale of the pandemic and issues around immunity.

In late May 2020, following the development of a reliable antibody test, UHL were requested to begin large scale antibody testing for staff as soon as possible to support the Government's ambition to understand the value of antibody testing.

In response to this request, a 'peer phlebotomy' testing strategy was devised whereby any staff member with the relevant skills could take a blood sample. This resulted in a massive uptake of testing and over the first weekend several thousand samples were taken and processed.

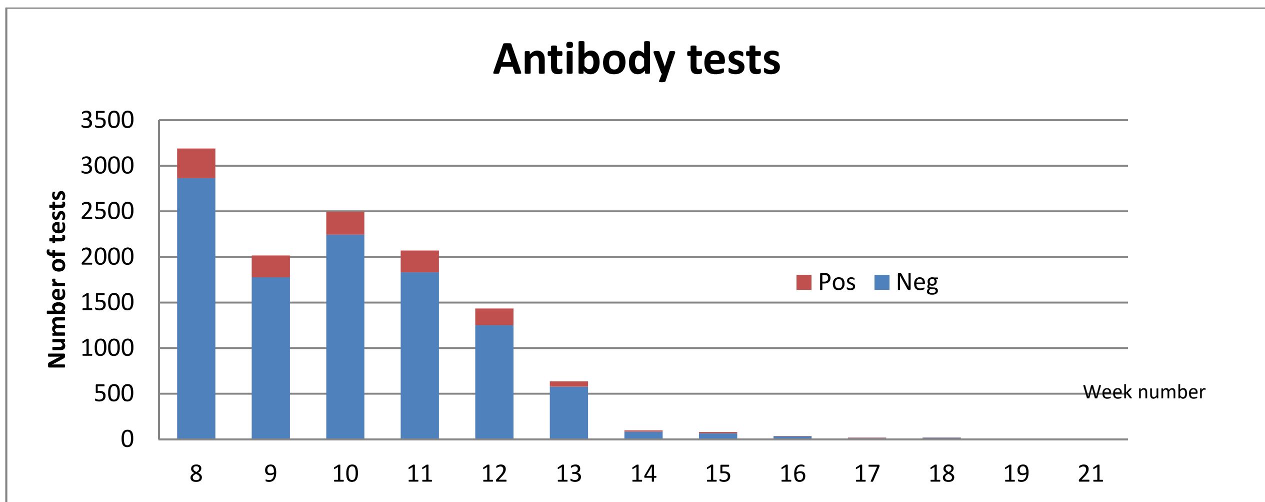
As laboratory capacity needed to be apportioned to testing beyond UHL staff, the process was centralised to help control demand, and pop-up clinics were established with booked appointments. This process was heavily supported by medical student volunteers.

In total, over 12000 staff have now been tested, and the graph below displays the demand over time. To our knowledge, this is the largest staff antibody testing programme in the UK.

We have also supported system partners including LPT and primary care staff.

Currently, demand is now low, given that the absolute majority of the workforce have now been tested.

Testing remains available on a case by case basis and staff are able to attend the blood rooms at each of the three main hospital sites.



Summary

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