

Dear colleagues,

**PUBLICATION OF INTERIM GUIDANCE ON  
EXPANSION OF TWICE WEEKLY TESTING FOR  
PATIENT FACING HEALTHCARE WORKERS**

1. This letter provides guidance to staff and managers on the introduction of twice weekly Lateral Flow Device (LFD) testing. This includes, but is not limited to, testing for all patient-facing healthcare workers.
2. This supplements the letter that was issued to NHS Chief Executives on 05 February 2021 detailing the expansion of twice weekly testing for asymptomatic patient-facing healthcare workers.
3. The Medicines and Healthcare products Regulation Agency (MHRA) has confirmed that LFDs can be used as a self-test for in-scope asymptomatic patient facing healthcare workers, in line with the guidance outlined below and the Standard Operating Procedure (SOP).
4. The scope of the pathway continues to expand and will now include patient facing staff in primary care, including general practice, dentistry, optometry and pharmacy. Hospice staff, all health professionals who visit care homes and Healthcare Improvement Scotland inspectors, as well as non-patient facing critical roles including office based Emergency Service Control room staff across the Scottish Ambulance Service and staff operating in the NHS24 call centres, will also be included within the scope of the expanded pathway.
5. The process for the delivery of test-kits to primary care independent contractors is set out in the guidance below.
6. All Boards have nominated a LFD testing Lead Coordinator who are members of the Expanded Healthcare Worker Testing Programme Board. Details of the Board LFD Leads will be provided.
7. The roll-out will be phased in from mid-February 2021.

**DL (2020) 32**  
**09 December 2020**  
**Updated 18 December 2020**  
**Updated 05 February 2021**  
**Updated 15 February 2021**

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**Addresses**

Chairs,  
Chief Executives  
HR Directors,  
Primary Care Leads  
Directors of Pharmacy  
Directors of Dentistry  
Optometric Advisors  
All Independent Contractors  
(Dental, Pharmacy, General  
Practice and Optometry)  
Board LFD Leads  
LFD SPOCs  
PCR Testing SPOCs,  
IRIC  
TODG

**Enquiries to:**

Scottish Government  
Health Workforce  
Workforce Practice  
GR  
St. Andrew's House  
Regent Road  
Edinburgh  
EH1 3DG

E-mail:  
[HealthWorkforceHub@gov.scot](mailto:HealthWorkforceHub@gov.scot)

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8. We would like to take this opportunity to thank you for your work to date on the successful implementation of Phase 1 of the testing programme, and for working to put the necessary systems and processes in place to ensure the expansion of the pathway is implemented successfully and in line with the timescales above. Thank you to all staff for participating in the testing in order to keep them, their colleagues, and their patients safe.

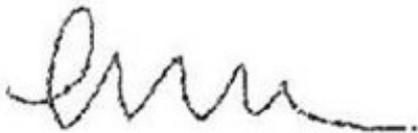
Yours sincerely,



**Dr. Gregor Smith**  
Interim Chief Medical Officer



**Professor Fiona McQueen**  
Chief Nursing Officer



**Gillian Russell**  
Director of Health Workforce



**Professor Jason Leitch CBE**  
National Clinical Director



**Aidan Grisewood**  
Director, Primary Care Directorate



**Alison Strath**  
Interim Chief Pharmaceutical Officer for Scotland



**Tom Ferris**  
Deputy Director for Dentistry & Optometry  
Chief Dental Officer

## Summary of routine asymptomatic testing policy for defined groups of patient-facing staff using LFD tests

9. In line with the clinical review of our testing strategy, and further scale-up of capacity, twice weekly routine LFD testing has been made available to all patient-facing staff in NHS Scotland hospitals, the Scottish Ambulance Service, COVID-19 Assessment Centres, COVID-19 Vaccinators, Community Workforce and District Nurses. Modelling estimates for the number of patient-facing – or potentially patient-facing – staff were informed by the Public Health Scotland report from August 2020, [‘Hospitalisation due to COVID-19 in Healthcare Workers’](#).
10. Further scale-up of the healthcare worker pathway is now possible and will include twice weekly routine LFD testing being made available to all patient facing staff in primary care, including general practice, dentistry, optometry and pharmacy. This includes but is not limited to: administrative staff such as receptionists, cleaners, Allied Health Professionals (AHPs), students on placement, Doctors, Nurses, Dental Nurses, Pharmacists, Pharmacy Technicians, Dentists, Optometrists and Dispensing Opticians. The scope will also extend to Hospice staff, all health professionals who visit care homes and Healthcare Improvement Scotland inspectors, as well as non-patient facing critical roles including office based Emergency Service Control room staff across the Scottish Ambulance Service and staff operating in the NHS24 call centres.
11. Staff working in clinically vulnerable areas who are already being regularly tested for COVID-19, or who are participating in studies such as SIREN, should continue their current method of testing via PCR testing in line with local guidance and/or study protocols. However, in line with advice from the national COVID-19 Clinical Cell, these members of staff should be offered the opportunity to also access LFD testing (in addition to their PCR test) so that they too can access twice weekly testing. The expansion to all patient-facing healthcare workers is possible due to increases in our testing capacity and testing options as a result of new innovations – this includes access to significant numbers of LFD tests.
12. Primary care staff who may previously have used other Pathways to access testing such as “Healthcare Worker” or “Care Home – Visiting Professional” should no longer do so from 22 February 2021. From this date primary care staff should select “Primary Care including Independent” on the online portal as the most relevant reason for taking the test. They should then select the area of independent and general practice they work in from the drop down list.
13. To further support the introduction of LFD testing, a Standard Operating Procedure (SOP), FAQs, pathway documentation and training materials - including a video and instruction guide - have been prepared and are appended to this letter. This will ensure that staff know how to conduct their test and report their result, and access a confirmatory PCR test if their LFD test is positive, as per current local processes.

14. The manufacturer's instructions for use are included in the box and are detailed and very technical. The aforementioned instruction guide (para 12) should be issued to all participating staff in scope, and it is these that staff should follow instead. Staff will use the test in a slightly different way as set out in the accompanying SOP, which has been agreed with experts, discussed with the Medicines and Healthcare products Regulatory Authority (MHRA) and the manufacturer has been informed.
15. This is particularly in relation to use of the test for asymptomatic people, self-administration of the test, and the use of nasal swab inside the lower part of both nostrils. The rest of the process (i.e. the way the test is performed, and the results are interpreted) is the same as set out in the manufacturer's instructions.
16. A simple-to-use written instruction guide for staff LFD self-testing has been developed nationally by NES and is available electronically on TURAS. This includes information on what to do when a positive, negative or invalid result is observed, and how the outcome of the test should be recorded, alongside the lot number of the test kit and any comments related to the performance of the device. An instructional video is also available, and employers should provide staff with information on who to contact for queries, further training and assistance. Primary care independent contractors should provide support to their staff based on the training materials provided and can contact their Board LFD Lead or NES to discuss further training resources, such as Webinars, if necessary.
17. As set out in the SOP, staff will be able to test themselves at home or in the workplace twice a week. The tests can be self-administered using only nasal swabbing, takes approximately 5 minutes to complete, and results are available in 30 minutes. The timing is critical, as leaving the test for longer can lead to false positive results and the test will need to be repeated.
18. The testing of staff is offered on a voluntary basis. However, we would strongly encourage all eligible staff to undertake the testing on a routine basis, highlighting the benefits to them, their families and their patients.
19. Asymptomatic and pre-symptomatic people can transmit infection to others so routine twice weekly testing and reporting is important for identifying positive cases early so that staff members can self-isolate as soon as possible.
20. Current LFD tests for COVID-19 are less than 100% sensitive. This means that **negative results do not rule out COVID-19** and existing Infection Prevention and Control (IPC) measures - including the use of PPE, the extended use of face masks, physical distancing, increased environmental cleaning, symptom vigilance and good hand and respiratory hygiene – all remain critical to minimise the risk of transmission of COVID-19. However, expanding routine testing provides an additional layer of protection to staff, their colleagues, their patients and clients, and will identify a proportion of asymptomatic infections which would otherwise not be detected and allow earlier identification of some pre-symptomatic infections.

21. **Staff should not be at work if they have symptoms of COVID-19.** If a staff member has coronavirus (COVID-19) symptoms, they must self-isolate as per Government advice and book a PCR test via the current processes outlined within your Board: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-COVID-19/test-and-protect/coronavirus-COVID-19-testing>.
22. Staff who are participating in the COVID-19 vaccination programme will also be required to participate in the LFD testing programme and adhere to existing IPC measures. This will be in place until we better understand the degree of protection, and duration, the vaccination provides, including importantly whether it is still possible to transmit the virus if you have been vaccinated. The vaccination will not impact the test result.
23. We anticipate that the testing programme will continue for some time, until there is wider population uptake of the vaccination and an assurance that the virus is under control.

### **Efficacy of Routine Testing**

24. It is estimated that 5% of all COVID-19 cases in the UK have been in Healthcare Workers (HCWs). The risk is 6-fold higher than that of the general population and exposure to COVID-19 is considered to be multifactorial, involving transmission within both community and healthcare settings.<sup>1</sup>
25. Testing of asymptomatic healthcare workers can contribute to reducing the risk of transmission via early identification of cases and ensuring positive members of staff can self-isolate quickly and contact tracing can commence.
26. A study by Imperial College London estimates that weekly PCR screening of HCWs and other high risk groups is estimated to reduce their contribution to SARS-CoV-2 by 23%, on top of reductions achieved by self-isolation following symptoms, assuming results are available within 24 hours.<sup>2</sup> A modelling study from Public Health England indicates that periodic testing of staff can reduce infection in other staff by as much as 64%.<sup>3</sup>
27. We recognise that testing can be uncomfortable, and inconvenient for staff, who are continuing to provide excellent care for patients. We would not be asking staff to participate in the testing, if we did not believe that it would be beneficial to the safety of staff and patients.

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<sup>1</sup> Grassly NC, Pons-Salort M, Parker EPK, White PJ, Ferguson NM, on behalf of the Imperial College COVID-19 Response Team Comparison of molecular testing strategies for COVID-19 control: a mathematical modelling study. *The Lancet Infectious Diseases* 2020. [https://doi.org/10.1016/S1473-3099\(20\)30630-7](https://doi.org/10.1016/S1473-3099(20)30630-7)

<sup>2</sup> Same as Footnote 1

<sup>3</sup> Evans S, Agnew E, Vynnycky E, Robotham J. The impact of testing and infection prevention and control strategies on within hospital transmission dynamics of COVID-19 in English hospitals. <https://www.medrxiv.org/content/10.1101/2020.05.12.20095562v2>

28. While LFD tests have lower sensitivity and slightly lower specificity than the PCR test, testing twice weekly helps mitigate the sensitivity consideration, and to mitigate lower specificity, all positive results will be followed up with a confirmatory PCR test.
29. Validation found, when used by trained personnel, the Innova LFD test has a sensitivity of 76.8% - meaning it will identify more than 7 in 10 positive cases of COVID. This rises to over 95% of those with high viral loads – who are those most likely to be infectious.
30. In the event of a positive LFD result, staff must self-isolate with their household in line with government guidance and immediately report the result to their organisation as per local guidelines. **Anyone who receives a positive result from an LFD will then require a confirmatory PCR test.**
31. The positive result of a LFT test will now be used to initiate contact tracing. On receipt of the test result, NHS National Services Scotland will feed this result into the Case Management System which contains all the positive test case information. This system is used to undertake contact tracing. The person who has tested positive will be advised to undertake a confirmatory PCR test result. Should this test result confirm a false positive on the LFT, then contact tracing will stop, the relevant traced contacts will be notified and the “positive” case can resume their usual duties. Should no confirmatory PCR be received within 48 hours, then the case will be continue to considered a positive case and where applicable relevant authorisation codes for the protect.scot app will then be sent.
32. As detailed above, staff who are currently tested using weekly PCR tests should continue to do so based on extant policy, this continues our targeted approach for those patient groups most at risk. However, staff will be offered the opportunity to be tested using LFD (in addition to their weekly PCR test), so they too can access twice weekly testing (one LFD test and one PCR test per week). As there is limited capacity for PCR testing, this cannot be expanded to all healthcare workers at this time, but the LFD tests provide a rapid screening route.
33. Our approach to COVID-19 testing continues to be adaptive as we deal with the pandemic and we continue to look at the evidence of the benefits of testing and establish ways that we can best protect staff and patients from the virus. We will keep staff informed about any changes to the latest evidence on testing, and we will endeavour to implement any innovations in testing procedures as these become available.
34. With a high rate of infection in the community, a sustained rise in positive cases in most local authority areas, an increase in outbreaks, and the emergence of new variants, it is essential that as many patient-facing healthcare workers as possible are able to access testing regularly.

### **Employer Actions to Support Routine Testing**

35. All primary care independent contractors will receive an initial supply of LFD test-kits based on an estimate of patient-facing staff numbers. Test-kits will be

provided directly to individual premises for onwards distribution to staff. If insufficient test-kits are provided, NHS National Services Scotland should be contacted at [nss.PrimaryCareLFDOrderKits@nhs.scot](mailto:nss.PrimaryCareLFDOrderKits@nhs.scot) to arrange additional supplies. In due course it is intended that contractors will access LFD test-kits via PECOS, where available.

36. Contractors who wish to opt-out of the testing programme can do so by contacting NHS National Services Scotland at [nss.PrimaryCareLFDOptout@nhs.scot](mailto:nss.PrimaryCareLFDOptout@nhs.scot) by **22 February 2021 at 1700hrs**. We expect that Contractors will consult with their staff before making a decision to opt out. Please note this mailbox is for opting out **only**. For all other queries please see the FAQ.
37. Testing of healthcare workers has an important role to play in reducing asymptomatic transmission. Employers should be encouraging staff to participate in the routine testing programmes
38. Health Boards should continue to report on weekly PCR testing levels for asymptomatic staff in high-risk areas each week, monitoring uptake and recording positivity rates. For LFD tests, a digital solution has been identified, with individuals able to report their own test results.
39. Reporting of results for LFD tests will be captured via a digital portal. Data from the portal will be used for reporting and monitoring. The portal is on a web link so that staff can use their own device to record the results. Guidance on how to use the portal is included in the instruction guide developed by NES. Further communication will be issued by the Directorate for Health Performance And Delivery in relation to monitoring of the uptake and subsequent results.
40. Employers, including primary care independent contractors, should keep a record of how many staff have been issued with LFD kits. When issuing LFD test kits, the following information is recorded: staff name, the date the staff member received their box of tests, when they will require their next box (approx. 12 weeks), the batch number, their contact details and confirmation that staff are aware of how to access training materials. For primary care independent contractors, using this formal data gathering process may not proportionate. The setting and number of participating staff should be taken into account.
41. Employers should consider a range of options available to them to increase uptake, including greater promotion and engagement, clear advice and guidance, tests that are easily accessible and efficient PCR testing for staff that are identified as positive through LFD. We encourage employers to be flexible with the way they deliver routine staff testing, so as many eligible staff as possible can participate.
42. Employers should ensure staff have access to the training materials provided – and further support where required – so that they understand how to access, administer and report their nasal swab tests. The Scottish Government will continue to monitor the availability of testing capacity and different types of test, and will keep testing policy under review in light of the latest evidence and prevalence rates.