



COVID-19 Pandemic: Test & Trace Procedure

Background

The NHS Test and Trace service was launched on May 27th, 2020 by the UK Government. This service:

- ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents
- helps trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

NHS organisations are required to support the PHE Tier 1 contact tracing level (referred to as complex cases) of the service through the implementation of a local contact tracing policy of their employees when a staff member is confirmed COVID-19 positive.

Purpose

The purpose of this document is to provide an agreed process for the contact tracing of employees and volunteers during the COVID-19 pandemic. Detailing the procedures for screening and isolating staff/ volunteers exposed to COVID-19.

All NHS organisations are required to have in place a single point of contact (Test & Trace cell) for the reporting of exposure to positive cases of COVID-19, available 16 hours per day, 7 days per week to ensure thorough and timely contact tracing can be actioned. It is recommended that the Test and Trace cell has support from the following - IPC, Human Resources and Occupational Health.¹

The Test & Trace cell will be the single point of contact for the Health Protection Team to advise of a confirmed COVID-19 case. Cases identified through internal processes must be followed up by the Test & Trace cell as soon as they have been identified. **Scope**

This guide is applicable to all staff and volunteers working for or on behalf of EEAST.

Roles and responsibilities

Test & Trace Cell- collate information of COVID positive staff from internal (staff/HR) test results and PHE identified test results. Communicate with staff line managers to establish contacts of the COVID -19 positive staff member and assist in risk assessments carried out by Line Managers. Provide number of 'contacts' per positive case as a number to PHE.

COVID Lead- to record all reported cases of symptomatic or positive individuals through the [Test & Trace form](#) (Microsoft Teams). To work alongside local management teams and supporting decision making with their increased knowledge of the management of COVID 19 to ensure staff members are referred (where applicable) for testing through the EEAST Coordination Centre. To further assist local management teams in the identification of contact tracing and communicating where applicable. A list of the designated leads for each area is available

Local Management Team- work alongside the Test & Trace cell to complete [Test & Trace form](#), and to monitor cases within their area to ensure early identification of clusters of cases or outbreaks. To work closely with Covid leads to ensure staff members are referred for testing within a timely manner, contacts have been identified and have been communicated too. In the event of a cluster or outbreak designate a name senior management lead to be responsible for managing the incident.

IPC – Provide specialist guidance and support where required and cases are not straightforward. Support the Tactical Team in overseeing outbreak management.

Tactical Team- Consists of the Senior Clinical Team Lead, with the support of the medical Director and IPC Team. Responsible for overseeing the management of any outbreak or cluster of cases. Including external reporting to NHSE/ PHE/ CCG

Human Resources – support Test & Trace cell as required

Definitions

Suspected case- Any individual who has developed symptoms of COVID-19:

- A new onset continuous cough
- A loss of, or change in, your normal sense of taste or smell (anosmia)
- A fever/ high temperature

Positive case- Any individual who has tested positive for COVID-19

Index Case- The first positive case in the outbreak

Contact- Any individual who has been in close contact with a symptomatic or positive case without adopting appropriate mitigation measures. The criteria for determining close contact is:

- having face-to-face contact with someone (less than 1 metre away) for 1 min or more
- spending more than 15 minutes within 2 metres of someone
- travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

Isolated case- A single case of symptomatic or positive COVID-19 within an area.

Cluster- Two or more isolated symptomatic or positive COVID-19 cases within an area which do not have any epidemiological links or shared contacts.

Outbreak- Two or more positive COVID-19 cases which are linked through contacts.

Mitigation of contact in ambulance services

The following steps are considered as mitigation in relation to contact and therefore if any of these have been utilised appropriately, the individual is not deemed a contact of the symptomatic/ positive case - providing there have been no breaches in the mitigating steps.

- use of level 2 or level 3 PPE ^{2, 3}
- screens in place to enable separation between individuals at desk spaces⁴
- use of surgical masks in situations where 2 metre social distancing cannot be achieved² (p.36)

Where mitigating steps have been carried out appropriately the staff member does not meet the criteria as a contact and can continue working.

Where it is deemed that exposure to a symptomatic/ positive COVID-19 case has occurred staff must self-isolate immediately and follow the [Government guidance](#).

Process

When a member of staff or volunteer develops symptoms of COVID-19 they must go into self-isolation for at least 10 days and be tested for COVID-19. Any contacts of the symptomatic case are also required to go into self-isolation for 10 days, they do not require to be tested for COVID-19.

If the individual is at work when they develop symptoms, they should put on a surgical face mask immediately, inform their line manager and return home. Minimising any contact with others as much as possible to prevent further transmission.

If the individual is not at work, they should not attend work and notify their line manager immediately to allow for the contact-tracing to be undertaken in a timely manner to reduce the risk of further transmission.

All symptomatic/ positive COVID-19 cases and all of the contacts who meet the definition criteria (detailed above) must have a [Test & Trace form](#) submitted through Microsoft Teams as soon as possible. The most practical way to do this is in discussion with the individual to ensure all the details are correct and determine the nature of any contacts to confirm they meet the criteria.

Any patient safety incidents e.g. non-compliance/ breaches of PPE during patient care by a symptomatic/ positive case **must be escalated to the Tactical Team immediately.**

COVID-19 tests will be arranged through the Test & Trace Cell for any staff/ volunteers who are symptomatic. It is not advised for asymptomatic staff/ volunteers to be tested as the results will not be a true indication of infection. This is due to the potential of being with the incubation period (the time from exposure prior to infection developing), it is also known that some people can test positive for a period of time after the infection has passed.

If the test results are Negative:

- If it is an isolated case o the individual can return to work when they feel well enough to do so.
 - o All contacts can return to work.
- If the case is part of a cluster or outbreak,
 - o The return to work decisions will require risk review through the Tactical Team.

If the test results are positive:

- The individual is required to remain in self-isolation for at least 10 days, and can only return when they have been symptoms free (without medication) for 48hrs
- All contacts are required to remain in self-isolation for 10 days from last contact with the positive case o If the case is part of a cluster or outbreak all return to work decisions will require risk review through the Tactical Team.

The Test & Trace cell will be the single point of contact for PHE to advise of a confirmed, COVID-19. Cases identified through internal processes must be followed up by the Test & Trace cell/ COVID Lead as soon as they have been identified.

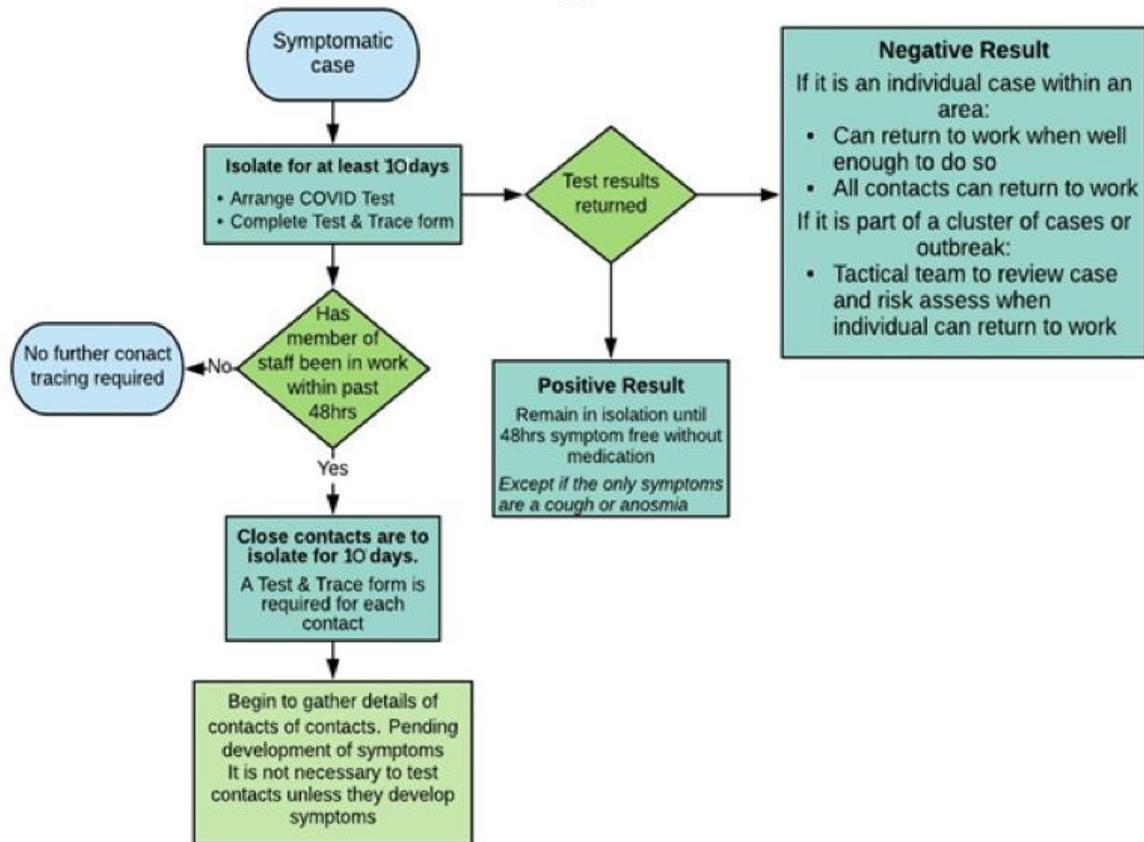


Figure 1: Test & Trace flowchart

Management of an Isolated Case

If there is an isolated case of a member of staff or volunteer with symptoms of, or tests positive for COVID-19 this can be managed by the local COVID Lead with the support of the local management team. Following the process detailed above and in *figure 1*.

It is not necessary for the Outbreak Details spreadsheet to be completed for isolated cases.

Management of a Cluster or Outbreak

The individual cases will be managed the same way as in an isolated case, with the exception of all return to work decisions will require risk review by the Tactical Team.

The Outbreak Details spreadsheet will be required to be completed and updated throughout the outbreak; this will be reported on daily to the Tactical Team. The Outbreak Details spreadsheet is within [Microsoft Teams Test & Trace site](#) and a specific channel will be set up for the outbreak to ensure data protection compliance.

Instructions for the updating and maintaining of the Outbreak Details Spreadsheet can be found with the Teams site and on the spreadsheet.

An outbreak can only be declared by the Tactical Team and the Trust must notify the local Health Protection Team (HPT) when an outbreak is declared. The notification to the HPT will be undertaken by the Tactical Team. An outbreak is deemed to have ended when there have been no further positive COVID-19 cases for 28 days. Once an outbreak has been declared the Tactical Team Lead is required to submit a submission via the Outbreak portal to NHSE/PHE outbreak Incident Management Team daily by 15:00 to update on numbers of cases and progress of actions to control the outbreak. The outbreak portal found [HERE](#), and you will need to have an account set up to do this.

References:

1. Healthcare associated COVID-19 infections-Further Action letter 24 June 2020 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0586minimising-nosocomial-infections-in-the-nhs.pdf>
2. COVID -19 Infection Prevention and Control Guidance <https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfectionprevention-and-control>
3. COVID -19 recommended PPE https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf
4. COVID Secure – Safe Working in Ambulance Services (link yet to be published)