Chief Medical Officer
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Dear Colleague

TESTING & TEST AND PROTECT

I am writing to update you on COVID-19 Testing and the recently launched Test and Protect service, to ensure you have access to the most up to date information to support you in your work.

COVID-19 TEST RESULTS CLINICAL RESPONSIBILITY

It is planned that the results of COVID-19 testing from UK Government facilities will start to be sent electronically to practices as of today. With the advent of Test and Protect to support the COVID-19 pandemic this introduces a relatively novel situation where primary care clinicians may be in receipt of tests they have not undertaken or requested. Whilst this may have occurred in the past with various shared care pathways that have been agreed locally, there has usually been clearly defined responsibility for who deals with such results.

From the Interim Chief Medical Officer
Dr Gregor Smith

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22 June 2020

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Further Enquiries

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The considered view is that where the GP has initiated the test request, they remain responsible for ensuring that follow-up of the result occurs in line with professional guidance. Where the GP has not initiated the request to test for COVID-19, the GP may file the result in the patient record, where it will be available to inform any future clinical management. Local protocols should be in place for the follow up of test results for those tests initiated for the purpose of direct clinical care in the community outside of the GP practice, for example, in a community assessment centre and similar. The public health contact tracing teams are responsible for contact tracing all positive COVID-19 test results regardless of where the test has originated, and they are automatically notified of any positive results from the NHS Scotland and UK Government testing facilities within Scotland.

If practices are contacted to discuss a test result, rather than regarding a patient's clinical condition, the patient should be redirected to the NHS Inform website.

TEST AND PROTECT - BACKGROUND

Test and Protect is an essential part Scotland's response to COVID-19 and aims to control the spread of the virus in our communities by interrupting chains of transmission. On 04 May the Scottish Government published its paper "COVID-19- Test, Trace, Isolate, Support" (TTIS), setting out the approach. The public-facing name for the TTIS strategy is Test and Protect.

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As noted above, everyone who tests positive for COVID-19 will be contacted by the public health contact tracing team so that those they have had close contact with during the time they are considered to be infectious can be identified. These close contacts will be asked to self-isolate for 14 days. Close contacts will not be tested unless they develop symptoms. If they test positive, the contact tracing process starts again for the new index case, and their period of isolation changes to become 7 days from symptom onset. This is the only instance in which the 14 day period of isolation of a known close contact can change.

The pathway into testing for members of the public is via the NHS Inform website or by calling 0800 028 2816. The testing tool on NHS Inform signposts where to get testing done, via NHS Scotland or UK Government site, depending on whether the symptomatic individual is a key worker or household member of a key worker, or is anyone else over 5. GPs continue to also be able to request testing for patients through existing NHS routes for clinical care purposes.

CLOSE CONTACTS IN HEALTH AND SOCIAL CARE SETTING

It is important that practitioners continue to be cognisant of the risk of transmission of COVID-19 and that practices take all necessary steps to put in place appropriate infection and prevention control measures.

A close contact is defined as a household member, someone within 2m for more than 15 mins, or someone with face-to-face contact for any length of time. The general principles for staff working in settings such as health and social care are:

- staff wearing appropriate PPE during exposure to COVID-19 cases should have no significant exposure risk so contact isolation is unlikely to be required (provided there has been no contact without, or a breach of, PPE).
- staff who have **not** been wearing appropriate PPE during exposures to COVID-19 case – including staff-to-staff contact – who meet the contact definitions described above, should be excluded from work and self-isolate in line with advice for general members of the public.
- symptomatic staff must not report for duty, should self-isolate and arrange to be tested.

During the contact tracing interview, if the case raises their wearing of PPE within the workplace, handling will be escalated to a Health Protection Specialist who will consider the requirement to isolate in accordance with risk assessment procedures.

Employers can find further advice on how to reduce the risk of transmission of COVID-19 in the workplace on the HPS website and in relevant sectoral guidance published by the Scottish Government. HPS has also published setting-specific guidance for Primary Care, Secondary Care, Care Homes and Social, Community and Residential Care.

Yours sincerely

DR GREGOR SMITH
INTERIM CHIEF MEDICAL OFFICER FOR SCOTLAND

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