**Order lateral flow device tests (LFD)**

[**https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests**](https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests)

**All LTHT staff should self-test using LFD in the following circumstances:**

If a staff member has symptoms of respiratory infection\* and who have a high temperature or do not feel well enough to attend work

Asymptomatic staff can test twice weekly pre-shift working on adult BMT unit at all times

or if working with other vulnerable patients and when COVID numbers are high

If staff member is a contact of a positive COVID-19 case

CSU to risk assess

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**Report LFD result on the** [GOV.UK portal](https://www.gov.uk/report-covid19-result)

**Negative LFD Result**

**Inconclusive LFD result:**

**repeat test.**

**If second test is inconclusive remain off work and repeat after 24 hours**

**Positive LFD Result**

**Does the Staff member has respiratory symptoms (cold like symptoms, runny nose, fever etc?**

* Remain off work for: first 6 days
* Day zero = symptom onset date or positive test date if asymptomatic

(day zero resets to symptom on set date if symptoms develop)

* Complete lateral flow test (LFD) on day 5 and 6. If negative return to work on day 6 if asymptomatic and well enough
* In addition undertake daily lateral flow tests before shift days 7, 8, 9 and 10
* If positive on lateral flow test during isolation( testing from day 5 onwards only), isolate from work and wait 24 hours before taking the next lateral flow test-
* a single negative lateral flow test is required before return to work from day 10 onwards.
* **CSU to Risk assess if staff has a patient contact role if return before day 11**
* see \*\* (Appendix 1) for those with a positive LFD at day 10

**No**

**Yes**

**Staff should not return to work until their symptoms have resolved.**

**A Risk assessment prior to return to work is required to be completed by the line manager** escalated to the CSU tri- team as necessary if:

**The staff member works with** [**patients whose immune system means that they are at higher risk of serious illness despite vaccination**](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk)**,\*\* see appendices 2-4**

**Staff can attend work if they are clinically well enough to do so and they do not have a high temperature.**

**Staff MUST:**

* Conduct daily lateral flow test before shift up to day 10 then revert to twice weekly LFD/ stop testing
* Breaks must be taken separately from other staff
* Must remain >2 metres from other staff at all times when PPE is not in place, eg when taking a drink
* Must wear Fluid Resistant Surgical Mask at all times on site in clinical areas (unless FFP3 required).

**If staff member becomes symptomatic again they should isolate immediately and repeat a LFD and follow the guidance**

**Definitions:**

\* **Symptoms of COVID-19, flu and common respiratory infections include**:

* continuous cough
* high temperature, fever or chills
* loss of, or change in, your normal sense of taste or smell
* shortness of breath
* unexplained tiredness, lack of energy
* muscle aches or pains that are not due to exercise
* not wanting to eat or not feeling hungry
* headache that is unusual or longer lasting than usual
* sore throat, stuffy or runny nose
* diarrhoea, feeling sick or being sick

**Contact is defined as:**

* any contact within 2 metres for 15 minutes or within 1 metre for a minute without appropriate PPE

**Frequently Asked Questions**

**Risk assessment for staff returning to work must be completed by line manager (Risk Assesment Appendix 3):**

* Each CSU must consider if the the staff member works with [patients whose immune system means that they are at higher risk of serious illness despite vaccination](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk), - see Appendix 1
* Or they still have respiratory symptoms on return to work ,
* Consideration should be given to redeployment until 10 days after their symptoms started (or the day their first positive test was taken if they did not have symptoms)

**COVID-19** **vaccination status of staff**

This guidance applies to all LTHT staff irrespective of their vaccination status. All staff are strongly encouraged to have COVID-19 vaccinations and boosters and seasonal flu vaccinations and boosters as they become available.

**Repeat positive within 90 days:**

If a staff member is tested with an LFD test within 90 days of a prior positive COVID-19 test and the result is positive, they should follow the advice for staff members who have received a positive test result for COVID-19 again, unless a clinical or risk assessment suggests that a re-infection is unlikely.

**Contact details if you have any questions**

* For queries please discuss with your line manager/ CSU tri team
* For escalation outside this guidance email for CSU tri team, by exception to [gillian.hodgson5@nhs.net](mailto:gillian.hodgson5@nhs.net) and [penny.lewthwaite@nhs.net](mailto:penny.lewthwaite@nhs.net)

**Links to national guidance**

* [People with symptoms of a respiratory infection including COVID-19](https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19) Published 1 April 2022 updated 10 June 2022
* [Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result](https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result) Published 1 April 2022 Updated 31 August 2022
* [COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk) Updated 7 October 2022
* [NHS England » National infection prevention and control](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/) Updated 8 December 2022

**Appendix 1 \*\***

**COVID-19** **positive staff with persistently positive lateral flow tests**

If the day 5 LFD test is positive, staff should continue to test daily until they have received two negative LFD test results, taken 24 hrs apart. If the staff member’s LFD test result is positive on the 10th day, they should discuss this with their line manager who may undertake a risk assessment.

**COVID-19 positive staff with persistently positive lateral flow tests**



**CSU to risk assess**

**Appendix 2**

**\*\*Patients whose immune system means that they are at higher risk of serious illness despite vaccination**

[COVID-19: guidance for people whose immune system means they are at higher risk](file:///C:\Users\lewthwap\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\J29615YQ\,)

Published 24 Dec 2021, updated 7 October 2022

People in this group will normally have been identified in one of 2 ways:

1. **Eligibility for a third primary dose of the COVID-19 vaccine.**

[COVID-19 vaccination: for people with a weakened immune system](https://www.gov.uk/government/publications/covid-19-vaccination-for-people-with-a-weakened-immune-system) Published 3 Sept 2021 Updated 24 March 2022

Severe immunosuppression includes people who had or may recently have had:

* a blood cancer (such as leukaemia or lymphoma)
* a weakened immune system due to a treatment (such as steroid medicine, biological therapy (sometimes called immunotherapy), chemotherapy or radiotherapy)
* an organ or bone marrow transplant
* a condition that means you have a very high risk of getting infections
* a condition or treatment your specialist advises makes you eligible for a third dose

**See Tables 3 and 4 below from Chapter 14a Green book COVID-19 vaccinations**

[Green book definition of those who are severely immunocompromised and eligible for a third primary dose of COVID-19 vaccination](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a) (version updated 5 September 2022)

(Box 1 and 2)

**2. Eligibility for new treatments for COVID-19.**

This includes some people who have:

* Down’s syndrome
* sickle cell disease
* HIV or AIDS
* chronic kidney disease (CKD) stage 4 or 5
* certain types of cancer
* had certain types of chemotherapy in the last 12 months
* had radiotherapy in the last 6 months
* had an organ transplant
* a severe liver condition (such as cirrhosis)
* a rare condition affecting the brain or nerves (multiple sclerosis, motor neurone disease, Huntington’s disease or myasthenia gravis)
* certain autoimmune or inflammatory conditions (such as rheumatoid arthritis or inflammatory bowel disease)
* a condition or treatment that makes you more likely to get infections

**Green book chapter 14 A Box 1: Criteria for a third primary dose of COVID-19 vaccine in those aged 12 years and above 4th Sept 2022**

Individuals with primary or acquired immunodeficiency states at the time of vaccination due to conditions including:

● acute and chronic leukaemias, and clinically aggressive lymphomas (including Hodgkin’s lymphoma) who were under treatment or within 12 months of achieving cure at the time of vaccination

● individuals under follow up for a chronic lymphoproliferative disorders including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, Waldenstrom’s macroglobulinemia and other plasma cell dyscrasias (Note: this list is not exhaustive)

● adults and children aged 12 years and over with immunosuppression due to HIV/AIDS with a current CD4 count of <200 cells/*μ*l

● Primary or acquired cellular and combined immune deficiencies – those with lymphopaenia (<1,000 lymphocytes/µl) or with a functional lymphocyte disorder

● those who had received an allogeneic (cells from a donor) or an autologous (using their own cells) stem cell transplant in the 24 months before vaccination

● those who had received a stem cell transplant more than 24 months before vaccination but had ongoing immunosuppression or graft versus host disease (GVHD)

● persistent agammaglobulinaemia (IgG < 3g/L) due to primary immunodeficiency (e.g. common variable immunodeficiency) or secondary to disease / therapy

Individuals on immunosuppressive or immunomodulating therapy at the time of vaccination including:

● those who were receiving immunosuppressive therapy for a solid organ transplant at the time of vaccination

● those who were receiving or had received in the previous 3 months targeted therapy for autoimmune disease, such as JAK inhibitors or biologic immune modulators including B-cell targeted therapies (including rituximab but in this case the recipient would be considered immunosuppressed for a 6 month period), T-cell co-stimulation modulators, monoclonal tumour necrosis factor inhibitors (TNFi), soluble TNF receptors, interleukin (IL)-6 receptor inhibitors., IL-17 inhibitors, IL 12/23 inhibitors, IL 23 inhibitors. (Note: this list is not exhaustive)

● those who were receiving or had received immunosuppressive chemotherapy or radiotherapy for any indication in the 6 months before vaccination

Individuals with chronic immune-mediated inflammatory disease who were receiving or had received immunosuppressive therapy prior to vaccination including:

● high dose corticosteroids (equivalent to ≥ 20mg prednisolone per day) for more than 10 days in the month before vaccination

● long term moderate dose corticosteroids (equivalent to ≥05mg prednisolone per kg per day for more than 4 weeks) in the 3 months before vaccination

● any dose of non-biological oral immune modulating drugs, (with the exception of hydroxychlorquine and sulfasalazine), such as methotrexate, azathiprine, 6-mercaptopurine or mycophenolate in the 3 months before vaccination. (Note this list is not exhaustive)

Individuals who had received high dose steroids (equivalent to >40mg prednisolone per day for more than a week )for any reason in the month before vaccination

Green book Box 2: Criteria for a third primary dose of COVID-19 vaccine in children aged 5-11 years 4th Sept 2022

Individuals with primary or acquired immunodeficiency states at the time of vaccination due to conditions including:

* Acute and chronic leukaemias, and clinically aggressive lymphomas (including Hodgkin’s lymphoma) who were under treatment or within 12 months of achieving cure at the time of vaccination
* Individuals under follow up for a chronic lymphoproliferative disorder including haematological malignancies
* Children with immunosuppresion due to HIV/AIDS (children with a current CD4 count of <500 cells/µl in those aged 5 years and <200 cells/µl in those aged 6-11 years)
* Primary or acquired cellular and combined immune deficiencies – those with lymphopaenia (<1,000 lymphoctyes/µl) or with a functional lymphoctye disorder
* those who had received and allogenic (cells form a donor or and autologous (using their own cells) stem cell transplant in the 24 months before vaccination
* those who have received a stem cell transplant more than 24 months before vaccination but had ongoing immunosuppression or graft versus host disease (GVHD)
* Persistent agammaglobulinaemia (IgG<3g/L) due to primary immunodeficiency (eg common variable deficiency) or secondary to disease/therapy

Individuals on immunosuppression or immunomodulating therapy at the time of vaccination including:

* those who were receiving immunosuppressive therapy for a solid organ transplant at the time of vaccination
* those who were receiving or had a received in the [previous 3 months targeted therapy for autoimmune disease, such as JAK inhibitors or biologic immune modulators, including B-cell targeted therapies (including rituximab but in this case the recipient would be considered immunosuppressed for a 6-month period). T-cell co-stimulation modulators, moncolonal tumour necrosis factor inhibitors (TNFi), soluble TNF receptors, interleukin (IL)-6 receptor inhibitors, IL-17 inhibitors, IL 12/23 inhibitors, IL 23 inhibitors (Note: this list is not exhaustive)
* those who were receiving or had received immunosuppressive chemotherapy or radiotherapy for any indication in the 6 months

Individuals with chronic immune-mediated inflammatory disease who were receiving or had received immunosuppressive therapy prior to vaccination including:

* high dose corticosteroids (equivalent to ≥ 1mg prednisolone per kg per day) for more than 10 days in the month before vaccination
* long term moderate dose corticosteroids (equivalent to ≥ 0.5mg prednisolone per kg per day for more than 4 weeks) in the 3 months before vaccination
* any dose of non-biological oral immune modulating drugs (with the exception of hydroxychloroquine and sulfasalazine), such as methotrexate, azathioprine, 6-mercaptopurine or mycophenolate in the 3 months before vaccination. (Note this is not exhaustive)

Individuals who had received high dose steroids (equivalent to ≥ 2mg prednisolone per kg per day for more than a week) for any reason in the month before vaccination

**Appendix 3**

**CSU Assurances required for return to work:**

Staff who are identified as a household or overnight contact of someone who has had a positive COVID-19 test result should discuss ways to minimise risk of onwards transmission with their line manager.

This may include considering:

* redeployment to lower risk areas for patient-facing healthcare staff, especially if the member of staff works with [patients whose immune system means that they are at higher risk of serious illness despite vaccination](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk)
* working from home for non patient-facing healthcare staff
* limiting close contact with other people especially in crowded, enclosed or poorly ventilated spaces

While they are attending work, staff must continue to comply rigorously with all relevant [infection control precautions](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/).

**COVID-19 positive staff returning to work:**CSU / line manager is responsible to ensure:

* That staff member does not work with patients who are especially vulnerable to COVID-19.
* If they would ordinarily work with COVID-19 vulnerable it is the CSUs responsibility to arrange redeployment/ working from home if applicable

**Staff who have been a COVID-19 contact returning to work**:

**For all staff returning to work: the CSU/line manager must ensure that:**

* Where required, a daily negative lateral flow test is returned pre shift.
* Staff member should not work on the bone marrow transplant unit and discuss with line manager
* If the staff member has had COVID-19, they should not return to work with patients especially vulnerable to COVID-19 as listed in Appendix 2 until at least day 11. (Unless risk assessed by CSU until 10 days after their symptoms started or the day of their first positive test if asymptomatic).
* Breaks must be taken separately from other staff
* Strictly observe social distancing when clinically possible
* Remain >1 m and >from other staff at all times in non-clinical situations
* Follow LTHT guidance regarding wearing a FRSM on site (unless FFP3 required)

**PLEASE NOTE**

**It is the CSU’s responsibility to ensure that the staff member that these mitigations are adhered to**

**Please escalate within the CSU if there is any uncertainty regarding this.**

For queries please escalate within the CSU tri team.

For escalation outside this guidance email [gillian.hodgson5@nhs.net](mailto:gillian.hodgson5@nhs.net) and [penny.lewthwaite@nhs.net](mailto:penny.lewthwaite@nhs.net)

**Appendix 4: Staff risk assessment document**

**Purpose**

**The purpose of the risk assessment is to maintain assurance that CSU have put in place processes to ensure that staff member has a negative LFD before return to work the isolation period.**

**Section 1**

|  |  |
| --- | --- |
| **Individual’s name** |  |
| **Job title / role** |  |
| **CSU** |  |
| **Line Manager’s name** |  |
| **Line manager’s job title / role** |  |
| **Date of risk assessment** |  |
| **Is the individual well enough to work?**  Please delete as applicable**:** | **Yes**  If **No.** please follow the absence management process.  You do not need to complete the rest of this form. |
| **Date of Contact with COVID positive case (or first date contact unwell if household contact)** |  |
| **COVID-19 vaccines: Give number of doses and approx. date of last vaccination** |  |

**Section 2**

|  |  |
| --- | --- |
| Is this a Staff contact risk assessment?  If yes please give:  Date of Contacts COVID-19 PCR  Date of contacts symptom onset - if known  If you were wearing PPE please describe exactly what you were wearing at the time of contact.  FRSM (fluid resistant surgical mask) ……………....  FFP3 mask…………………………………………………………  Apron………………………………………………………………..  Gown……………………………………………..…………………  Gloves……………………………………………………………….  Eye protection: Goggles or visor………………………. | Yes/ no (delete as applicable) |

**Section 3**

|  |  |
| --- | --- |
| Please describe the clinical activity this individual will be providing |  |
| The locations where this individual will be working |  |
| Their anticipated shift patterns over the period of their recommended isolation |  |

**Section 4**

|  |  |
| --- | --- |
| Can this individual work remotely? |  |
| What options have been explored to cover the role? |  |

|  |  |
| --- | --- |
| **Question** | **Response** |
| **Any staff member who has a positive LFD test during this period should not attend work and should follow the guidance in the red box.** | |
| If the staff member develops any COVID-19 symptoms during the 10 days from their last exposure to the case, they should stay at home and immediately arrange a LFD test and they should follow the guidance in the red box.  **Have you communicated this to them and have they agreed to comply with this request?** | ***Yes / No*** |
| Staff working during this 10-day period should comply with all relevant infection control precautions and PPE should be properly worn throughout the day. Any breaches should be reported immediately to their line manager.  **Have you communicated this to them and have they agreed to comply with this request?** | ***Yes / No*** |
| It is recommended that the staff member should not take breaks or eat meals with other staff.  **Do you have a plan in place to ensure compliance with this requirement?** | ***Yes / No*** |

**Section 6**

|  |
| --- |
| Please describe controls measures you will put in place to reduce the risk of transmission from the individual to patients and colleagues.  Example  • Breaks must be taken separately from other staff  • Strictly observe social distancing when clinically possible  • Remain >2 m from other staff at all times in non-clinical situations  • Wear FRSM at all times on site (unless FFP3 mask required)  • Conduct daily lateral flow test ( LFD)  If they becomes symptomatic or has a positive LFD they must isolate, confirmatory PCR is no longer required |

**Section 7**

**‘The Risk Assessment tool should also take into account whether there has been a workplace exposure to coronavirus and an evaluation of whether the case needs to be reported to the Health & Safety Executive (HSE) via the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013 (RIDDOR). This is likely to include a discussion with the Trust’s Health & Safety Team to determine whether reporting is applicable.**

**Please contact the Health & Safety team** [**leedsth-tr.healthandsafety@nhs.net**](mailto:leedsth-tr.healthandsafety@nhs.net) **to discuss**

**Please do not contact the HSE directly as the Health & Safety team will do this on your behalf’**