WORKPLACE TESTING FOR COVID-19

Scope

• Policy Statement

• The Policy

• Staff Testing and Isolation

• Staff Meetings

• Resolving issues about testing

• Protecting personal data around testing

• If an employee refuses to get tested

• Related Policies

• Related Guidance

• Training Statement

Policy Statement

Testing can reduce the risk of coronavirus (Covid-19)and is part of our risk assessment strategy to keep both employees and those in our care safe. It does not completely remove the risk of infection and all other Infection Prevention and Control measures must continue to be followed.

Government guidance requires anyone with Covid-19symptoms to arrange a test. As employers, we have a duty to our staff and service users to keep them safe and prevent the spread of the Covid-19 virus. If an employee exhibits Covid-19 symptoms we will direct them to follow these government guidelines.

We actively encourage members of staff to test if they are symptomatic but we recognise that there are many other factors to consider, such as employment law, contracts with employees, health and safety requirements and equalities issues.

Employers can ask staff if they have been tested, and if so the result of the test. However, employees do not have to disclose if they have had a test or the result, unless:

• This impacts your working ability - for example, if you need to refrain from being around others for 48 hours after symptoms have resolved, your employer will need to make plans to manage your absence

• There is a possibility COVID-19 was contracted in the workplace which would require your employer to report this to the Health and Safety Executive, as part of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

We follow the current government testing requirements for social care staff. Coronavirus (COVID-19) testing for adult social care services - GOV.UK (www.gov.uk)

Policy

All staff who come into contact with COVID-19 cases – whether or not they are protected by the use of personal protective equipment (PPE) – should remain vigilant to the possibility of contracting the infection and should follow the government guidance if they develop symptoms.

In the context of an individual’s own home, the staff includes those who provide care or support to the individual. This also applies to staff who provide care and support to the individual they live with, for example, live-in carers.

If an individual experience any of the main symptoms of coronavirus (COVID-19), they should immediately take a lateral flow device (LFD) test as soon as they develop symptoms and take another LFD test 48 hours after the first test.

Symptomatic staff should stay away from work and conduct the LFD test at home.

Staff can come into work if both LFD test results are negative and medically fit to do so.

Individuals with a negative COVID-19 result

A symptomatic individual who tests negative for COVID-19 may have another infectious illness like flu.

Staff members who receive a negative result and remain without symptoms can continue working. Staff can return to work if they are no longer unwell and they do not have a high temperature.

Symptomatic people receiving care should be advised to keep away from others until 48 hours after their symptoms have resolved. Further actions may still be needed to limit transmission including using appropriate PPE when working with unwell people.

Testing within 90 days of a positive result

Exemptions from routine testing for individuals who have previously tested positive for COVID-19 within 90 days.

Fragments of inactive virus can be persistently detected by PCR tests in respiratory tract samples following infection, and for some time after a person has completed their isolation period and is no longer infectious.

Asymptomatic staff, and who have previously tested positive for COVID-19 by LFD or PCR test should be exempt from routine testing by PCR within 90 days from the initial illness onset or test date. LFD testing can still be used within 90 days of initial illness onset This does not apply if they develop new COVID-19 symptoms.

Assessment of repeat PCR positive test results within 90 days of a prior positive test

If an individual is re-tested by PCR within 90 days of initial illness onset or prior positive COVID-19 test and the PCR test result is positive, a clinical risk assessment should be used to decide whether a new infection (‘reinfection’) is a possibility and to inform subsequent action including whether isolation is required.

Guidance on reinfection and performing a clinical risk assessment is detailed in the Investigation and management of suspected SARS-CoV-2 reinfections: a guide for clinicians and infection specialists.

The advice of an infection specialist should be sought to inform clinical risk assessment.

Routine testing with LFD tests within 90 days of a prior positive test

If a staff member has returned to work after testing positive for COVID-19, they should resume routine LFD testing, even if this is within 90 days of the positive COVID-19 test result. If staff are tested with an LFD test within 90 days of a prior positive LFD or PCR test and the result is positive, staff should stay at home (see IPC guidance, COVID annex), unless a clinical or risk assessment suggests that a re-infection is unlikely. This risk assessment should inform subsequent action including whether isolation is required.

Guidance on reinfection and performing a clinical risk assessment is detailed in the Investigation and management of suspected SARS-CoV-2 reinfections: a guide for clinicians and infection specialists.

Accessing COVID-19 treatments for people in the highest risk group

Individuals who are in the highest risk group from COVID-19 can access new COVID-19 treatments directly.

Tests are being sent directly to these individuals to enable faster treatment of COVID-19 if they develop symptoms.

Eligible individuals will receive a ‘pre-notification’ letter or email (to the contact details specified in their GP record) to alert them that they have a condition that may make them eligible should they test positive for COVID-19.

Service and care managers are requested to support service users who are eligible for treatment with where to store these priority tests so that they are available when needed. Each priority treatment test kit will have an information leaflet enclosed which details how these kits should be stored and provide full testing instructions.

If positive for COVID-19, the service user will be contacted by a COVID-19 Medicines Delivery Unit clinician who will assess their eligibility and decide on the appropriate treatment. In most cases the treatment prescribed will be monoclonal antibodies, which are given intravenously, however, if monoclonal antibodies are unsuitable for the individual, they will be given oral antivirals.

If the service user is not contacted within 24 hours of receiving the positive result, they should contact their GP or call 111.

Further information on treatments for COVID-19 is available on the NHS website. Any queries regarding priority treatment tests can be raised via 119.

Meetings

We set up meetings with individual members of staff andhold group meetings to discuss any issues arising from this Covid-19 pandemic, these include testingarrangements. We inform staff about:

• How testing would be carried out.

• How staff would get their test results.

• The process to follow if someone tests positive for COVID-19.

• Pay if someone needs to stay at home but cannot work from home.

• How someone's absence would be recorded if they need to take time off work.

• How testing data will be used, stored, and deleted, in line with data protection law (UK GDPR).

From our discussions, any decisions are put in writing and made in line with the organisation's existing policies and procedures.

Resolving issues about testing

In the event of a staff member refusing to get tested, we will work with them to find a mutually acceptable resolution.

If someone does not agree to be tested, the manager listens to their concerns. It is important to be flexible and try to find ways to resolve any issues by discussing the following:

• The reason the employee does not want to get tested.

• What might help resolve the issue.

• Any other options that mean the employee would not need to get tested, for example, if they can work from home.

• If someone refuses testing due to a health condition or disability (e.g., mental health resulting from past trauma), we will request their consent for medical advice from their doctor or an Occupational Health practitioner to better understand their condition, to make reasonable adjustments or consider redeployment to another post.

Protecting personal data around testing

• As an employer, we are clear, open, and honest with employees and contractors from the start about how and why we need to process their personal data. This is crucial when processing health information.

• We have clear and accessible privacy information in place for employees and contractors, before any health data collecting begins.

• Before carrying out any tests, we let everyone know what personal data we require, what it will be used for and who we will share it with. We also let them know how long we intend to keep the data.

• Employees and contractors can discuss the collection of such data if they have any concerns.

• We ensure we follow the government guidance on COVID-19 testing: terms and conditions - GOV.UK (www.gov.uk) and data protection law when storing testing results.

Consent to be tested is critical as any attempt to test employees without their agreement is unlawful.

If employees refuse to be tested

Our decision will be carefully considered based on a risk assessment and take into account

• Our responsibility as an employer under the Health and Safety at Work Act 1974 is to take all reasonably practical steps to protect the health and safety of people in our workplace.

• Our responsibility as a care provider is to protect the people in our care

• The responsibilities of our employees/agency workers under the Health and Safety at Work Act 1974 are to protect the health and safety of themselves and others in their workplace.

• The rights of our employees/agency workers including human rights, data protection rights, and employment rights. For example, if staff cannot consistently maintain social distancing at work during an outbreak, we may decide that the likelihood of COVID-19 cases and transmission in the workplace means that we cannot fulfil our responsibilities under the HSW Act 1974 if we allow staff to opt-out of testing. This would be the justification to make testing mandatory in that scenario.

If we are unable to address their concerns informally, we will progress to more formal action including a decision about whether to allow the employee to carry on working whilst we seek to resolve the matter.

If it is an agency worker rather than an employee, we will discuss it with the agency and explore a replacement worker that has or will agree to be tested.

If it is an employee, and depending on the specific facts of the case, disciplinary action may be a reasonable option.

If we believe that the employee has breached the implied contractual term of ‘mutual trust and confidence, disciplinary action may be reasonable.

Depending on the circumstances, such disciplinary action could include sanctions up to and including dismissal, if the requirement to undertake testing is deemed to be a reasonable management instruction or to be a fundamental requirement before the employee undertakes duties.

If formal action is required, we will follow a fair process in line with our Disciplinary and Grievance policies.

Testing and vaccinations

Whilst vaccination offers vital protection from severe disease, no vaccine is 100% effective, and does not prevent transmission to others from those who are infected.

To identify positive cases and continue to monitor the effects and transmission of COVID-19, we must continue to operate a comprehensive, adhered to, testing programme.

Vaccination is just one tool in our collective response and recovery from the effects of COVID-19, and so testing and other infection control measures including appropriate PPE will continue to be the necessary and proportionate approach to help keep service users and staff safe.

Related Policies

Infection Control

Vaccination

Related Guidance

COVID-19 testing in adult social care

https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/covid-19-testing-in-adult-social-care

Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK

https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care

NHS: National infection prevention and control manual for England

https://www.england.nhs.uk/publication/national-infection-prevention-and-control/

Training Statement

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, online, workbook, group meetings, individual supervisions and external courses are sourced as required.

Date Ratified: September 2022

Person responsible for updating this policy: M Zvavamwe

Next Review Date: September 2023

Return to Policy Heading (Ctrl+Click) – Policy Heading