

**From the Chief Medical Officer
Professor Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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HSS(MD) 50/2022

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Dear Colleague

**UPDATED COVID-19 TESTING GUIDANCE TO SUPPORT CLINICAL
PATHWAYS**

Introduction

1. The purpose of this letter is to set out updated guidance on COVID-19 testing to support the wide range of clinical pathways in hospital settings. The guidance attached as a table at **Annex A** replaces HSS (MD) 22/2022 (13 May 2022) which should now be withdrawn from use.
2. The Department will continue to monitor the situation closely in relation COVID-19 and as part of this a further review of the attached guidance is scheduled to take place towards the end of November 2022. **As all testing recommendations are subject to change, Health and Social Care (HSC) Organisations and Providers should remain prepared to re-commence or update testing regimes (either groups tested, or type of test employed) at short notice if required.** Further guidance will issue accordingly as needed.
3. HSC Trust colleagues are also asked once again to note that, in line with previous direction from the Department and the Public Health Agency (PHA), it remains important that the use of Lateral Flow Device (LFD) testing in the areas set out in guidance is adhered to in full. Testing advice is based on sound public health and scientific rationale. There are significant laboratory resourcing implications if this testing guidance is not followed. Use of LFD tests in all areas as set out in the guidance will not only reduce costs, but will also help safeguard our laboratories' resources to provide essential PCR

testing where this is most needed to manage clinical and public health risk. The table at **Annex A** also details those patients groups that should be tested using PCR tests.

4. For ease of reference the table is set out in the following sections covering the guidance on testing recommended for:

- 1: Diagnosis and clinical decision making in hospital settings;
- 2: Unscheduled admissions to hospital;
- 3: Planned admission to hospital;
4. Admission to a labour ward;
- 5: Mental health and learning disability inpatient units;
- 6: During inpatient stays;
7. Long stay patients;
8. Testing of patients with cancer;
- 9: Patients who are COVID-19 cases or contacts;
10. Outbreak testing in healthcare settings;
11. Patients being discharged to a care home or hospice; and
- 12: Hospital transfers.

5. I appreciate these continue to be challenging times for our hospital services and we recognise the continuing pressures on our health and social care system and on staff. I would like to take this opportunity to again thank you all for your continuing commitment and dedication to serving the needs of patients across our health and care services in Northern Ireland.

Yours sincerely



PROFESSOR SIR MICHAEL McBRIDE
Chief Medical Officer

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COVID-19 TESTING GUIDANCE TO SUPPORT CLINICAL PATHWAYS

Row	Group to be Tested	Testing Type	Comments
<i>Diagnosis and clinical decision making in hospitals</i>			
1	<p>Symptomatic patients (those with COVID-19 symptoms) in a hospital setting requiring a test to support diagnosis and clinical decision making during their care should be offered a polymerase chain reaction (PCR) test.</p> <p>Testing of asymptomatic patients (those with no COVID-19 symptoms) should be undertaken in line with the specific advice as set out below for each patient group.</p>	PCR	

Row	Group to be Tested	Testing Type	Comments
<i>Unscheduled admission to hospital</i>			
2	<p><u>Admission via Emergency Department</u></p> <p>Asymptomatic patients (those with no COVID-19 symptoms) who require emergency/unplanned admission via Emergency Departments (ED) <u>do not need to be routinely tested for COVID-19.</u> This is a change to the testing pathway for this group of patients.</p> <p>Important to Note - HSC Trusts can exercise local discretion with regard to COVID-19 testing of asymptomatic patients, with the decision to test based on a clinical assessment and dynamic risk assessment. If testing is advised, asymptomatic patients should be tested for COVID-19 using LumiraDx where this is available. If the first test result is negative and if appropriate, a further LumiraDx test can be undertaken every 24 hours if a patient remains in the ED setting. LFD testing should be used where LumiraDx testing can't be used or is not available. This is a change to the testing pathway and technology for this group of patients.</p> <p>Important to Note – All asymptomatic oncology, haematology and transplant patients who are unscheduled admissions should continue to be tested by PCR.</p> <p>Symptomatic patients (those with COVID-19 symptoms) or immunosuppressed patients in ED should be PCR tested. There is no change to the testing technology for this group of patients.</p>	<p>N/A</p> <p>LumiraDx LFD</p> <p>PCR</p> <p>PCR</p>	<p>Positive LumiraDx tests require confirmation by PCR as per established HSC Trust policy.</p> <p>All patients positive by LFD require a swab to be sent for PCR to facilitate whole genome sequencing.</p> <p>The definition of immunosuppressed is set out in Annex B as per the COVID-19: the green book Chapter 14a dated 4 September 2022; this is also available at the following link: COVID-19 Green Book chapter 14a (publishing.service.gov.uk)</p>

Row	Group to be Tested	Testing Type	Comments
	<p><u>Direct Admission via any other route</u></p> <p>Asymptomatic patients (those with no COVID-19 symptoms) admitted directly from a route other than via ED (e.g. medical/surgical assessment units, ambulatory care units, GP direct admission) do not need to be routinely tested for COVID-19. This is a change to the testing pathway for this group of patients.</p> <p>Important to Note - HSC Trusts can exercise local discretion with regard to COVID-19 testing of these asymptomatic patients, with the decision to test based on a clinical assessment and dynamic risk assessment. If testing is advised, asymptomatic patients should be tested for COVID-19 using LumiraDx where this is available. LFD testing should be used where LumiraDx testing cannot be used or is not available. This is a change to the testing technology for this group of patients.</p> <p>Important to Note – All asymptomatic oncology, haematology and transplant patients who are unscheduled admissions should continue to be tested by PCR.</p> <p>Symptomatic patients (those with COVID-19 symptoms) or immunosuppressed patients should be PCR tested. There is no change to the testing technology for this group of patients.</p>	<p>N/A</p> <p>LumiraDx LFD</p> <p>PCR</p> <p>PCR</p>	<p>Positive LumiraDx tests require confirmation by PCR as per established HSC Trust policy.</p> <p>All patients positive by LFD require a swab to be sent for PCR to facilitate sequencing.</p> <p>The definition of immunosuppressed is set out in Annex B as per the COVID-19: the green book Chapter 14a dated 4 September 2022; this is also available at the following link: COVID-19 Green Book chapter 14a (publishing.service.gov.uk)</p>

Row	Group to be Tested	Testing Type	Comments
<i>Planned Admission to Hospital</i>			
3	<p><u>Planned day case procedures</u></p> <p>Asymptomatic patients (those with no COVID-19 symptoms) do not need to test prior to a planned day case procedure (applies to general anaesthetic and local anaesthetic procedures) provided that the necessary Infection Prevention Control (IPC) measures are in place in line with extant policy and Personal Protective Equipment (PPE) is used appropriately. This is a change to the testing pathway for this group of patients.</p> <p>Important to Note - separate advice applies to immunosuppressed patients who should take an LFD test on the morning of admission (applies to general anaesthetic and local anaesthetic procedures).</p> <p><u>Planned procedure with post-operative inpatient stay:</u></p> <p>Asymptomatic patients (those with no COVID-19 symptoms) do not need to test prior to a planned procedure with post-operative inpatient stay. This is a change to the testing pathway for this group of patients.</p> <p>Important to Note - separate advice applies to immunosuppressed patients who should take an LFD test on the morning of admission (applies to general anaesthetic and local anaesthetic procedures). This is a change to the testing pathway for this group of patients.</p>	<p>N/A</p> <p>LFD</p> <p>N/A</p> <p>LFD</p>	<p>HSC Trusts should advise all patients that if they develop COVID-19 symptoms prior to their appointment date, they should contact their treating HSC Trust or clinician for advice.</p> <p>Immunosuppressed patients due to attend a planned procedure should immediately inform their treating HSC Trust or clinician if their LFD test is positive.</p> <p>In consultation with the patient and relevant medical staff, a risk assessment may be undertaken in advance of a planned procedure and the relevant HSC Trust may advise the patient of any actions to be taken.</p> <p>HSC Trusts will also need to risk assess the benefit and harm of proceeding or not proceeding with the planned procedure and determine if the appointment should proceed as arranged or be rescheduled.</p> <p>Admissions areas should hold a stock of LFD tests to allow patients to self-test prior to admission where this is recommended if they are not able to provide proof of a negative test on arrival at their appointment.</p>

Row	Group to be Tested	Testing Type	Comments
Admission to a labour ward			
4	<p>Those admitted to a labour ward or equivalent setting should be tested as soon as is practical at the hospital/unit using LumiraDx. LFD testing should be used where LumiraDx testing cannot be used or is not available. This is a change to the testing technology for this group of patients.</p> <p>All immunosuppressed patients admitted for maternity care should be tested using PCR on admission. There is no change to the testing pathway for this group of patients.</p> <p>Babies born to women who test positive for COVID-19 should be tested using PCR at Day 0. If the baby tests negative and they remain in hospital, they should be tested again by PCR at Day 3 and Day 5 of their hospital stay. There is no change to the testing pathway for this group of patients.</p>	<p>LumiraDx LFD</p> <p>PCR</p> <p>PCR</p>	<p>The definition of immunosuppressed is set out in Annex B as per the COVID-19: the green book Chapter 14a dated 4 September 2022; this is also available at the following link: COVID-19 Green Book chapter 14a (publishing.service.gov.uk)</p>

Row	Group to be Tested	Testing Type	Comments
Testing for hospital inpatients			
6	<p>As set out at Row 2, an HSC Trust may exercise local discretion with regard to COVID-19 testing of asymptomatic patients (those with no COVID-19 symptoms) on admission, with the decision to test based on a clinical assessment and dynamic risk assessment. If asymptomatic testing on admission is undertaken, the inpatient does not need to be tested again during their hospital stay <u>unless</u> they develop COVID-19 symptoms or they are identified as a potential case or contact during the risk assessment and management of an incident/outbreak. This is a change to the testing pathway for this group of patients.</p> <p>If an inpatient develops COVID-19 symptoms during their hospital stay, they should be tested using PCR. There is no change to the testing pathway for this group of patients.</p> <p>All immunosuppressed patients should be tested using PCR on admission and if negative, should be tested by PCR again on Day 5 of their hospital stay. This is a change to the testing frequency for this group of patients.</p>	<p>N/A</p> <p>PCR</p> <p>PCR</p>	<p>The definition of immunosuppressed is set out in Annex B as per the COVID-19: the green book Chapter 14a dated 4 September 2022; this is also available at the following link: COVID-19 Green Book chapter 14a (publishing.service.gov.uk)</p>

Row	Group to be Tested	Testing Type	Comments
<i>Long stay patients</i>			
7	Long stay patients (over 3 months) e.g. patients in units for care of the elderly, dementia and learning disability should only be tested if they have COVID-19 symptoms using PCR testing. There is no change to the testing pathway for this group on patients.	PCR	

Row	Group to be Tested	Testing Type	Comments
Patients undergoing cancer treatment			
8	<p>Asymptomatic oncology patients (those with no symptoms of COVID-19) should be PCR tested. This is a change to the testing pathway for this group of patients.</p> <p>Symptomatic cancer patients (those with symptoms of COVID-19) undergoing systemic anti-cancer therapy (SACT) should be PCR tested. There is no change to the testing pathway for this group of patients.</p> <p>All patients with cancer being admitted for planned surgery should take an LFD test on the morning of admission. This is a change to the testing pathway for this group of patients.</p> <p>All paediatric and adult haematology admissions should be PCR tested. Parents of acute paediatric haematology patients should LFD test. This is a change, with adult haematology patients now included in the testing pathway.</p>	<p>PCR</p> <p>PCR</p> <p>LFD</p> <p>PCR</p>	<p>Patients due to attend a planned procedure should immediately inform their treating HSC Trust or clinician if their LFD test is positive.</p> <p>In consultation with the patient and relevant medical staff, a risk assessment may be undertaken in advance of a planned procedure and the relevant HSC Trust may advise the patient of any actions to be taken. HSC Trusts will also need to risk assess the benefit and harm of proceeding or not proceeding with the planned procedure and determine if the appointment should proceed as arranged or be rescheduled.</p> <p>Admissions areas should hold a stock of LFD tests to allow patients to self-test prior to admission where this is recommended if they are not able to provide proof of a negative test on arrival at their appointment.</p>

Row	Group to be Tested	Testing Type	Comments
	<p>Hospital inpatients should be tested at the time they are identified as a potential contact of a COVID-19 case. If the first LFD test is negative and if the patient remains in hospital, they should be tested again 48 hours later, and again 3-4 days after the second LFD test, giving a total of three LFD tests in the 7 days following identification as a contact.</p> <p>If a hospital inpatient who is identified as a contact develops symptoms, that patient should be tested using PCR and isolated or cohorted with other symptomatic contacts of COVID-19 cases. There is no change to the testing pathway for this group on patients.</p>	PCR	

Row	Group to be Tested	Testing Type	Comments
<i>Outbreak testing in healthcare settings</i>			
10	<p>The outbreak testing guidance issued in January 2022 and updated in February 2022 no longer applies.</p> <p>Dynamic risk assessment should determine what level of testing is required, i.e. testing should be purposeful and measured against other risks and agreed at the Incident Management Team (IMT) meeting.</p> <p>If testing is recommended at the IMT, LFD tests should be used on all patients except those patients who are immunosuppressed - immunosuppressed patients should be tested by PCR.</p>	LFD PCR	

Row	Group to be Tested	Testing Type	Comments
<i>Hospital transfers (NEW)</i>			
12	<p>Patients should be tested on the day of discharge/transfer to another hospital setting using LFD (or LumiraDx where this testing technology is available).</p> <p>Immunosuppressed patients transferring between hospital sites should be PCR tested.</p> <p>This is a new group of patients added to the testing pathway.</p>	<p>LFD LumiraDX</p> <p>PCR</p>	<p>The definition of immunosuppressed is set out in Annex B as per the COVID-19: the green book Chapter 14a dated 4 September 2022; this is also available at the following link: COVID-19 Green Book chapter 14a (publishing.service.gov.uk)</p>

The Green Book: Chapter 14a COVID-19 – SARS-CoV-2¹

Immunosuppressed Definition:

- Immunosuppression due to disease or treatment, including:
 - patients undergoing chemotherapy leading to immunosuppression
 - patients undergoing radical radiotherapy,
 - solid organ transplant recipients,
 - bone marrow or stem cell transplant recipients,
 - HIV infection at all stages,
 - multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID).

- Individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to:
 - anti-TNF,
 - alemtuzumab,
 - ofatumumab,
 - rituximab,
 - patients receiving protein kinase inhibitors or PARP inhibitors, and
 - individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil.

- Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults.

- Anyone with a history of haematological malignancy, including:
 - leukaemia,
 - lymphoma, and
 - myeloma.

- Those who require long term immunosuppressive treatment for conditions including, but not limited to:
 - systemic lupus erythematosus,
 - rheumatoid arthritis,
 - inflammatory bowel disease,
 - scleroderma, and
 - psoriasis.

¹ [COVID-19 Green Book chapter 14a \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)