

TESTING SHOULD BE DONE IN A SUSPECTED OUTBREAK SITUATION.

Care Home notifies HPT of suspected outbreak (2 or more residents with respiratory symptoms such as flu like illness or chest infection).

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HPT suspect home has an outbreak and advise testing for respiratory pathogens to determine cause of outbreak.

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HPT recommends to home that they test up to 5 residents who are symptomatic with a viral throat swab.

HOW WILL THE CARE HOME DO THIS?

Care home staff should carry out PCR test with swabs provided. This should be clearly labelled and placed in sample bag. PCR order form must also be completed and included in separate section of the sample bag with PCR swab. (See poster from HPT).

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Care Home takes swabs to GP practice to send via lab van as per usual route of getting samples sent.



Care Home informs HPT of the residents who have been tested. Use line list for this. Care home informs GP of resident tested for information only.



Care Home calls <u>HPT</u> for results and NOT GP practice..



Once the pathogen is identified which caused the outbreak the care home can stop testing.

pathway

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Contact information

Lothian Health Protection Team (HPT): 0300 790 6264 or health.protection@nhslothian.scot.nhs.uk

Summary of of pathway

HPT have provided packs of 10 PCR swabs to every care home in Lothian for **outbreak management** purposes.

The packs should provide enough supply for 2 suspected or confirmed outbreaks in the home.

Any requests to PCR test a resident from GP or ANP should be carried out by the clinician who has assessed the need to test. Outbreak PCR tests should not be used for this.

PCR swabs are taken, paperwork completed and dropped off at GP practice to be sent to labs.

Results are provided by HPT and communicated to the care homes when available.

HPT will advise on the need for any further testing dependent on the situation. This will be done by a risk assessment approach. Important linelist/risk assessment document is completed and returned to HPT.

What does this mean in practice?

When a care home has identified 2 or more residents with new symptoms, PCR testing of those individuals may need to be carried out.

Symptoms: Fever >37.8
AND/OR abrupt change
in normal function
AND/OR new onset
respiratory symptoms.

LFD tests will only identify current Covid19 infection so should not be used on symptomatic residents.

Only a maximum of 5 residents should be tested unless advised otherwise from HPT. When a pathogen has been confirmed, no further testing will be required as this will not change the management of the outbreak. Invasive and uncomfortable test for residents with limited benefit.

Rationale for testing maximum of 5 residents

Asymptomatic residents should not be tested. They should be monitored for the development of symptoms. Testing in these circumstances can lead to unnecessary restrictions and impact resident wellbeing.

When a cluster of symptomatic residents arise, it is now best practice to submit PCR samples for up to 5 symptomatic residents to confirm the pathogen. This is now national guidance.

Additional cases matching the outbreak case definition do not all need to be tested once the pathogen is confirmed. Further testing will not change the management or the outcome of the outbreak.

Residents who are asymptomatic or well should not be tested, a positive result will lead to isolation when this may not be needed.

Over testing in the care home can lead to case finding of asymptomatic or mildly symptomatic residents which is of limited consequence to others. Unintended consequences such as prolonged periods of self-isolation.

Rationale for not using LFD tests on symptomatic residents

LFD tests can be useful for obtaining a quick result and HPT may advise a care home in special circumstances to use LFD testing on residents. However, general advice is not to use these tests on residents any longer.

LFD tests can only identify current Covid19 infection, it will not pick up on infections caused by other respiratory pathogens such as Influenzas or RSV. Use of an LFD at the start of a potential outbreak situation may give care homes a false sense of security if the result returns negative. Please remember other illnesses may also be the cause of symptoms.

If an LFD test is used on a symptomatic resident, if the result is negative, they should remain in self isolation until a PCR test can be taken and HPT will advise on when this resident can cease isolation dependent on the PCR result.

Health protection team role

If a care home are unsure if testing would be appropriate either at the start or during an outbreak, HPT will support risk assess the need for testing and advise the home on next steps.

To support replenish stock of PCR kits – this is currently a work in progress, and we will update in due course.

Review risk assessment/linelist documents received from the care home and ensure outbreak control measures are in place to help reduce further transmission.

Specialist advice on outbreak management in the care home.

Relay resident test results to care homes when the outbreak PCR kits have been used.

Surveillance and quality improvement of the process, ongoing survey contained within the end of outbreak checklist document.

PCR testing in out of hours



The current pathway does not cover out of hours as we require the support from GP practices to send samples to the labs.



Any residents who develop symptoms out of hours or over the weekend should be placed in isolation and PCR tested at the next in hours opportunity.



HPT will advise on isolation requirement for resident dependent on the result of PCR test.

Questions

