



## NHS Midlands

# **Management of staff or patients with symptoms of a respiratory infection or a positive COVID-19 test result in Pharmacy, Optometry and Dentistry primary care settings by NHS contract holders**

## **1. Aim**

To ensure a consistent approach to management of cases/outbreaks of COVID-19 and other respiratory infections in pharmacy, optometry and dental primary care settings by NHS contract holders.

## **2. Testing**

### *2.1 Routine asymptomatic testing*

Patient-facing healthcare staff should continue to test twice a week for COVID-19 using LFD tests. These can be obtained via clicking this [link](#). Test results should be reported on the [gov.uk portal](#). There may be occasions where staff are asked to test more frequently as part of a risk mitigation approach such as if there is an outbreak in the workplace

### *2.2 Symptomatic staff testing*

All symptomatic staff should test using LFDs and continue to follow the return to work guidance. Symptomatic staff can continue to access LFDs via the [gov.uk portal](#).

### *2.3 Staff who are household contacts of a positive COVID-19 case*

Staff who are household contacts of a positive case are able to continue to work as normal if they remain asymptomatic and continue to test twice weekly. They are no longer required to have a PCR test in order to return to work. There may be occasions where staff are asked to test more frequently as part of a risk mitigation approach

### *2.4 Testing for patients attending a dental practice*

Although the general public will not be offered COVID-19 tests routinely if symptomatic, there may be some instances where a clinician will want to offer a COVID-19 test as part of a diagnostic pathway to support clinical decisions. In these cases, patients should be directed to the [gov.uk portal](#) to order their tests where they will be asked to confirm that their clinician has requested this.

High risk patients in the community identified for COVID-19 MAB/Antiviral treatment will continue to access tests from UKHSA. Further information can be found in [this letter dated 30<sup>th</sup> March 2022](#).

### 3. Definitions

#### Symptoms:

The list of symptoms associated with COVID has been expanded. Please see a link to the latest guidance: <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

**Case:** a positive case of COVID-19 with or without symptoms

**Contact\*:** a person who has been close to someone who has tested positive for COVID-19. You can be a contact anytime from 2 days before the person who tested positive developed their symptoms, and up to 10 days after, as this is when they can pass on the infection to others. A contact can be:

- Anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19
- Anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
  - Face-to-face contact including being coughed on or having a face-to-face conversation within one metre
  - Being within one metre for one minute or longer without face-to-face contact
  - Sexual contacts
  - Been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
  - Travelled in the same vehicle or a plane
- An interaction through a Perspex (or equivalent) screen with someone who has tested positive for COVID-19 is not usually considered to be a contact, as long as there has been no other contact such as those in the list above.
- If appropriate PPE has been worn for the duration of an interaction and the member of staff is trained in the use of PPE then the member of staff would not be classed as a contact.
- Face coverings are not considered PPE and therefore if a person came into contact with a positive case whilst wearing one they would be considered a contact.

**Outbreak:** Two or more confirmed cases linked in time, place and person. This includes social gatherings linked to a work setting (such as a Christmas party or Leaving party) and can be 1 member of staff and 1 patient if they are linked by time and place.

Link: [People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19)

Link: [Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result)

### 4. Notification

COVID-19 is a notifiable disease. UKHSA receive notification of confirmed cases via the laboratory reporting system and currently do not require primary care providers to notify them of single cases within pharmacy/practice. NHS primary care providers should notify their local NHS England and NHS Improvement (NHS EI) commissioning team of any likely interruption to service delivery (see Appendix 1 for contact details).

In addition, Contractors are required to notify NHSEI of any instances where there are two or more cases (whether in staff or patients) regardless of the impact on service delivery and even where this has been determined, following contact tracing, to be a cluster rather than an outbreak. This is so

repeated instances can be reviewed and monitored to rule out ongoing transmission within a setting. This is by completion of the **Notification of COVID-19 service disruption and/or outbreak in Primary Care form**) via the following [link](#).

Either UKHSA, LA or NHS EI may assist with contact tracing to determine whether or not multiple cases are an outbreak or a cluster. The threshold for involvement may vary depending on current case rates in the local area. UKHSA currently will be involved where there are 5 or more cases.

For contractors co-located in another setting (e.g. a supermarket or retail outlet) they should also report any instance where there is an outbreak in the wider setting unless the contractor premises are completely self-contained with no shared patient or staff areas.

## **5. Process: Staff members with symptoms of a respiratory infection including COVID-19**

Anyone who has symptoms of a respiratory infection and has a high temperature or does not feel well enough to go to work, is advised to stay at home and avoid contact with other people. They should notify their place of work immediately.

They should follow the [guidance for people with symptoms of a respiratory infection including COVID-19](#).

Patient-facing healthcare staff who have symptoms of a respiratory infection, and who have a high temperature or do not feel well enough to attend work, should take an LFD test as soon as they feel unwell.

If the result of this LFD test is positive, staffs should follow the advice in the section for staff members who receive a positive LFD test result for COVID-19.

If the LFD test result is negative, they can attend work if they are clinically well enough to do so and they do not have a high temperature. Provided that they are able to adhere to IPC precautions and practice good respiratory hygiene whilst in the workplace.

If a staff member working with [patients whose immune system means that they are at higher risk of serious illness despite vaccination](#), they should discuss this with their line manager who should undertake a risk assessment and if necessary seek further advice. Where there is any doubt then the staff member should not work with this group of patients and the appointment should be undertaken by an alternate member of staff or postponed.

If they are still displaying respiratory symptoms when they return to work, they should also speak to their line manager who should undertake a risk assessment. It is recognised that where staff have respiratory symptoms, they may not be suitable to return to work, even if they feel well enough to do so.

All patient-facing healthcare staff should resume routine asymptomatic LFD testing when they return to work, taking the first of these tests 48 hours after the LFD test that was taken when they developed symptoms.

On returning to work, the staff member must continue to comply rigorously with all relevant [infection prevention and control precautions](#) and personal protective equipment (PPE) must be worn properly throughout the day.

If staff absence is likely to impact on service delivery, the pharmacy/practice manager or other appropriate person must notify NHS EI (by completion of the **Notification of COVID-19 service disruption and/or outbreak in Primary Care form**) via the following [link](#). If steps can be taken to mitigate this (e.g. part time staff increasing their hours temporarily to ensure no interruption to service delivery), there is no requirement to inform NHS EI that staff have developed symptoms of COVID-19 **unless there are 2 or more cases**.

## **6. Process: Staff members who receive a positive COVID-19 test result**

All healthcare staff who have received a positive COVID-19 test result, regardless of whether they have symptoms, are advised not to attend work for 5 days. They should follow [guidance for people with a positive COVID-19 test result](#). They should not return to work until they have a negative LFD (see below) or have completed the full 10 days of “isolation”

Contact tracing should be undertaken by the manager or other appropriate person and all individuals identified as a contact should be advised to follow the relevant guidance for [staff](#) and the [general public](#). An assessment should be made of infection prevention and control measures in place including appropriate use of PPE and social distancing measures for patients and staff and include any contact staff members may have had outside the work setting e.g. lift sharing.

The practice/pharmacy must notify UKHSA of two or more positive cases in staff members **within a 14 day period**. See Appendix 1 for contact details.

If there will be an impact on service delivery from one or more positive cases linked to the setting then the practice/pharmacy must notify NHSEI by completion of the [Notification of COVID-19 service disruption and/or outbreak in Primary Care](#) form.

If two or more positive cases are identified in staff members or the public who have attended the setting then NHSEI must be notified by completion of the [Notification of COVID-19 service disruption and/or outbreak in Primary Care](#) form. NHSEI will then contact the provider to support them with the completion of an additional form called an ‘iiMARCH’. Appendix 2 details information that may be requested by NHSEI or health protection colleagues.

NB: For contractors co-located in another setting (e.g. a supermarket or retail outlet) they should also report any instance where there is an outbreak in the wider setting unless the contractor premises are completely self-contained with no shared patient or staff areas.

Patient-facing healthcare staff can return to work when they have had 2 consecutive negative LFD test results (taken at least 24 hours apart).

The first LFD test should only be taken 5 days after the day their symptoms started (or the day their first positive test was taken if they did not have symptoms); this is described as day 0.

If both LFD test results are negative, they may return to work immediately after the second negative LFD test result, provided they meet the criteria below:

- The staff member feels well enough to work, and they do not have a high temperature
- If the staff member works with patients whose immune system means that they are at higher risk of serious illness despite vaccination, a risk assessment should be undertaken, and consideration should be given to redeployment until 10 days after their symptoms

started (or the day of their first positive test was taken if they did not have symptoms), if redeployment is not an option staff **must** remain off work.

- The staff member must continue to comply rigorously with all relevant infection control precautions and personal protective equipment (PPE) must be worn properly throughout the day

The staff member should resume twice-weekly asymptomatic LFD testing when returning to work.

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

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 results for COVID-19 again, unless a clinical or risk assessment suggests that a re-infection is unlikely.

## **7. Process: Staff members who are contacts of a confirmed case of COVID-19**

People who live in the same household as someone with COVID-19 are at the highest risk of becoming infected because they are most likely to have prolonged close contact without PPE. People who stayed overnight in the household of someone with COVID-19 are also at high risk.

Patient-facing healthcare staff who are identified as a close contact should continue with twice weekly asymptomatic LFD testing, unless recommended to test more frequently by UKHSA, LA or NHSEI.

If you are a household or overnight contact of someone who has had a positive COVID-19 test result it can take up to 10 days for your infection to develop. It is possible to pass on COVID-19 to others, even if you have no symptoms.

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 systems means that they are at higher risk of serious illness despite vaccination](#)
- Working from home for non-patient-facing healthcare staff
- Limiting close contact with other people especially in crowded, enclosed or poorly ventilated spaces

Whilst they are attending work, staff must continue to comply rigorously with all relevant [infection control precautions](#) and practice good respiratory hygiene (catch it, bin it, kill it etc <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf>).

If staff develop any symptoms during these 10 days, they should follow the advice for [staff with symptoms of a respiratory infection, including COVID-19](#).

## **8. Cleaning of a healthcare setting after identifying a symptomatic member of staff or positive case of COVID-19 or other respiratory infection**

It is best practice to undertake a **terminal clean** (decontamination of the whole pharmacy/practice), ensuring that all surfaces that the case came into contact with are cleaned and disinfected, including all potentially contaminated and frequently touched areas such as toilets, door handles, chairs, telephones, grab rails in corridors and stairwells, using either:

- a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)); or
- a general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl

If an alternative disinfectant is used, ensure it is effective against enveloped viruses. Use disposable cloths (yellow colour coding) or paper roll and disposable mop heads to clean all hard surfaces, floors, chairs, door handles and sanitary fittings. Avoid creating splashes and spray when cleaning. Dispose of all waste from decontamination as Category B waste (not clinical waste)

## **9. General guide to preventing the spread of COVID-19 in the workplace**

All workplaces are required by law to protect employees and others from harm. A COVID-19 risk assessment must be undertaken in line with the HSE guidance to ensure the safety of the workplace. The Health and Safety Executive have useful advice on their [website](#).

All staff should be encouraged to have their COVID-19 vaccinations and booster doses. For staff who have concerns or questions they should be signposted to reputable sources or to a vaccination site for discussion around these concerns. Staff should be supported with making an informed choice around vaccination and advised that they can access vaccination at any point without judgement from colleagues.

## **10. Useful links**

IPC guidance for all settings: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

### *8.1 Dentistry*

NHS EI Dental Practice <https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/>

COVID-19: infection prevention and control dental appendix [COVID-19: infection prevention and control dental appendix - GOV.UK \(www.gov.uk\)](#)

### *8.2 Pharmacy:*

NHS EI Community Pharmacy <https://www.england.nhs.uk/coronavirus/primary-care/community-pharmacy/>

### *8.3 Optometry*

NHS EI Optical settings <https://www.england.nhs.uk/coronavirus/primary-care/optical-setting/>

## **Appendix 1: Contact details for UKHSA and NHS EI**

### **West Midlands**

#### **UKHSA**

Telephone: 0344 225 3560 –Option 2

Out of hours (via West Midlands Ambulance Service First Response): 01384 679031

Email\*: [wm.2019cov@phe.gov.uk](mailto:wm.2019cov@phe.gov.uk)

*\*All urgent enquiries should be telephoned.*

#### **NHS EI**

Pharmacy email: [england.pharmacy-westmidlands@nhs.net](mailto:england.pharmacy-westmidlands@nhs.net)

Optometry email: [ENGLAND.Optometrycontractswm@nhs.net](mailto:ENGLAND.Optometrycontractswm@nhs.net)

Dental email: [england.dental-westmidlands@nhs.net](mailto:england.dental-westmidlands@nhs.net)

### **East Midlands**

#### **UKHSA**

Telephone: 0344 2254 524, press the option for the Health Protection Team

Email\*: [ICC.EastMidlands@phe.gov.uk](mailto:ICC.EastMidlands@phe.gov.uk)

*\*All urgent enquiries should be telephoned.*

#### **NHS EI**

Pharmacy email: [england.eastmidsparmacy@nhs.net](mailto:england.eastmidsparmacy@nhs.net)

Optometry email: [england.eastmidsoptometry@nhs.net](mailto:england.eastmidsoptometry@nhs.net)

Dental email: [england.em-pcdental@nhs.net](mailto:england.em-pcdental@nhs.net)

## **Appendix 2: Information your local LA, NHS EI, UKHSA team may request from you**

### **Details of your pharmacy/practice**

- Name of pharmacy/practice
- Address (including postcode)
- Contact details of contract holder (name, phone number, email) and any other key contacts
- Nature of the pharmacy/practice environment (for example layout, nature of the building, entry/exit, communal areas)
- Total number of staff
- Number of staff who are clinically vulnerable or extremely clinically vulnerable
- Number of staff isolating due to positive test of symptoms
- Number of staff admitted to hospital due to COVID-19
- Number of staff who have died due to COVID-19

### **Details of the case**

- Contact details of person/s affected (Name, DOB, address and postcode, mobile number, alternative phone number and email)
- Date the individual developed coronavirus symptoms or tested positive
- Date they were last present in the pharmacy/practice
- Nature of the roles/job/procedures undertaken by staff affected
- Known links between the individual(s) with COVID-19 (in or out of the pharmacy/practice environment)
- Number of people with which the individual(s) had close contact

### **Details of control measures**

- Infection Prevention Control
- PPE
- Social distancing measures
- COVID-19 risk assessments (workplace, staff and patients)