

Changes in asymptomatic testing guidance for Primary Care

EFFECTIVE from 31st August 2022

5 September 2022



Keeping up to date:

[What do you want to get emails about? - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

For IPC support please contact the 7 day IPC service (9am-4pm daily)
08703156601 (please phone at weekends)

Or

HIOW.C19IPC@nhs.net



Link to national guidance:

- [Regular asymptomatic testing paused in additional settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [COVID-19: testing during periods of low prevalence - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [COVID-19: managing healthcare staff with symptoms of a respiratory infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

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. People who stayed overnight in the household of someone with COVID-19 are also at high risk.
- 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 system 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**
- While they are attending work, staff must continue to comply rigorously with all relevant infection control precautions.
- 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.

<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>

Testing will be paused in:

- Routine asymptomatic testing will be paused across remaining settings, including hospitals and care homes, from 31 August as COVID-19 cases continue to fall
- Settings where asymptomatic testing of staff and patients or residents will be paused include:
 - the NHS (including independent healthcare providers treating NHS patients)
 - adult social care and hospice services (apart from new admissions)
 - parts of the prison estate and some places of detention
 - certain domestic abuse refuges and homelessness settings



Testing will continue in:

- Testing will remain in place for admissions into care homes and hospices from both hospitals and the community, and for transfers for immunocompromised patients into and within hospital to protect those who are most vulnerable.
- Testing will also be available for outbreaks in certain high-risk settings such as care homes.
- Year-round symptomatic testing will continue to be provided in some settings, including:
 - NHS patients who require testing as part of established clinical pathways or those eligible for COVID-19 treatments
 - **NHS staff** and staff in NHS-funded independent healthcare provision – [COVID-19: managing healthcare staff with symptoms of a respiratory infection - GOV.UK \(www.gov.uk\)](#) – *due to be updated by 31 August*
 - staff in adult social care services and hospices and residents of care homes, extra care and supported living settings and hospices
 - staff and detainees in prisons
 - staff and service users of certain domestic abuse refuges and homelessness services

Testing currently recommended in NHS settings

Situation	Type of test
Symptomatic high risk patients identified for COVID-19 monoclonal antibody and antiviral treatment	PCR or LFD
Symptomatic patients for clinical diagnostic pathway	PCR Primary care testing may also use LFD
Early release from self-isolation for patients in acute settings	LFD testing from day 5 onwards to get 2 negative tests
Early release from self-isolation for patients in acute settings	LFD testing from day 5 onwards to get 2 negative tests
Symptomatic or immunocompromised maternity patients who are admitted for elective or emergency care	PCR on site
Symptomatic or immunocompromised elective care patients prior to acute day case/overnight pre-admission	LFD home testing
Transfers into or within hospital for immunocompromised patients	PCR on site
Discharge patients to care homes/hospices	PCR unless they have been positive for COVID-19 within 90 days – then it is an LFD test
Symptomatic NHS staff and staff in NHS-commissioned Independent Healthcare Providers (including return to work testing)	LFD home testing
Outbreak testing in healthcare settings	Both PCR and LFD in specified protocol

Testing currently recommended in care services (adult social care and hospices)

Situation	Type of test
Admission testing from the community for care homes and hospices	PCR unless they have been positive for COVID-19 within 90 days – then it is an LFD test
Symptomatic adult social care and hospice staff (including return to work testing)	LFD home testing
Symptomatic care home, extra care and supported living and hospice residents	LFD
Early release from self-isolation for residents in care homes and hospices	LFD
Rapid response testing in care homes, high-risk extra care and supported living settings, and hospices	LFD
Outbreak testing in care homes	Both PCR and LFD in specified protocol



Visiting professional

Visiting Professionals to Care & Nursing homes will no longer need to test if asymptomatic.

Visiting professionals

Health, social care and other professionals may need to visit residents within care homes to provide services. Visiting professionals should follow the same advice as in the section above on visiting precautions. PPE usage is recommended in line with guidance above. NHS staff and Care Quality Commission (CQC) inspectors also have access to symptomatic testing and should follow the same guidance as staff about staying away from work if they test positive.

