

## **1. Update to COVID-19 testing guidance:**

The Department of Health (DoH) and The Public Health Agency (PHA) recently undertook a review of all guidance in relation to COVID-19 testing. As a result, DoH previous policy statements have been rescinded on 29th February 2024 [letters and urgent communications 2024](#) and are now replaced with refreshed operational guidance from PHA, relating to health and social care settings, setting out updated advice on COVID-19 testing which is recommended.

The new PHA guidance recommends that COVID-19 testing moves to the same footing as other equivalent clinical tests, such as for influenza; that is:

- To inform clinical management of a patient
- To investigate and manage incidents and/or outbreaks; and
- To protect extremely vulnerable settings, for cohorting, and infection prevention and control (IPC).

## **2. What does this policy change mean for the following groups:**

## **Symptomatic Health & Social Care Staff**

COVID-19 testing of symptomatic staff across health and social care settings, including hospitals, primary care, community, care homes and hospices, is no longer required. Staff who are unwell with respiratory symptoms who are unfit to perform their usual duties should contact their line manager and follow usual sickness and absence processes. Routine COVID-19 testing of staff with respiratory symptoms is no longer required.

The above advice applies to all health and social care settings with the following exceptions:

- Symptomatic staff working on hospital wards focused on treating profoundly immunocompromised patients (e.g. transplant and haematology wards); these symptomatic staff must remain very diligent about staying away from work when symptomatic and should be advised to test by Lateral Flow Device (LFD) and follow normal sick absence policy. (test to protect extremely vulnerable settings).
- Symptomatic health and social care staff who may themselves be eligible for COVID-19 treatments, in line with extant COVID-19 testing advice for individuals who are at highest risk of getting seriously ill if they contract COVID-19. This is the same as for all groups who are eligible. (test to inform clinical management)

## **Clinical pathways**

Routine COVID-19 testing of asymptomatic patients is no longer required. This includes the following:

- Routine COVID-19 testing of asymptomatic patients who are being discharged from a hospital to a care home / hospice or other residential setting is no longer required.
- Routine COVID-19 testing of immunosuppressed and asymptomatic oncology, haematology and transplant patients who are unscheduled admissions to hospital is no longer required. HSC Trusts should however continue to have discretion with regard to COVID-19 testing of these patients, with the decision to test based on clinical assessment and a dynamic risk assessment.

COVID testing should continue in those patients who are suspected of having the infection and who are eligible for COVID treatments. Testing should focus on supporting clinical diagnosis and management. Clinical teams should use their discretion in relation to the testing required for any individual patient.

Individuals who are eligible for COVID-19 treatments can continue to access these through pharmacy collect. Further information is available at the following link; [Treatments for coronavirus \(COVID-19\) | nidirect](#)

See full guidance re: health and social care staff and clinical pathways [here](#)

COVID-19 testing is no longer required for the following:

**Care homes / Hospices**

- Single cases of symptomatic care home residents (unless eligible for COVID-19 treatment).
- Asymptomatic individuals being admitted from a community setting to a care home for a permanent placement or respite care.
- Asymptomatic patients who are being discharged from hospital to a care home/hospice

**See full guidance for Care Homes/Hospices [here](#)**

**Symptomatic carers including family carers**

In line with the updated approach to testing, COVID-19 testing of symptomatic family and informal carers who provides close personal care for someone who is at higher risk if they contract COVID-19 is no longer required.

Those individuals who themselves may be eligible for COVID-19 treatments are recommended to test, and can continue to access LFDs via the Pharmacy Collect scheme.

### **3. Where to access LFD tests:**

**Care Homes and Primary Care / Independent health care professionals.**

The OLT channel closes on 29th February 2024. From this date, care homes/hospices, primary care and independent health practitioners who require testing will be able to access LFD tests via the Pharmacy Collect scheme, which is operational in the majority of community pharmacies.

**HSC Trusts:** There are no changes to how HSC Trusts access tests (currently ordered via eProcurement on BSO).

## 4. How to report LFD result:

If you are in a group who may be eligible for COVID-19 treatments, because you have one of the conditions that puts you at the very highest risk of illness should you catch COVID-19, you need to report the result if it is positive to be assessed for a COVID-19 treatment. See further information here: [Treatments for coronavirus \(COVID-19\) | nidirect](#)

## Downloads

Attachment	Size
<a href="#">290224_itr_updated COVID-19 testing guidance effective from 29 February 2024.pdf</a>	118.81 KB
<a href="#">290224_itr_update COVID-19 testing arrangements in care homes and hospices.pdf</a>	163.74 KB
<a href="#">HSS(MD) 10 2024 - UPDATE TO COVID-19 TESTING GUIDANCE HSS(MD) CIRCULARS WITHDRAWN.pdf</a>	126.48 KB
<a href="#">Print</a>	