Coronavirus Co-vid 19 Testing

(Document correct as at 17th April 2020)

Scope:

This document has been prepared to support of a series of questions facing public services organisations relating to Co-vid 19 testing for Health, Social Care and other staff. This document is stored on the PPMA Coronavirus Resource Hub – PPMA Community Page.

Definition:

In this context, Co-vid 19 testing relates to the PCR test that is used to identify whether people demonstrating Co-vid 19 symptoms are in fact carriers of the virus.

The aim behind this testing is to:

- Confirm to staff that they either do not have Co-vid 10 (providing reassurance) or that they do (providing clarity)

- For those that do have the virus, then self-isolation protocols must be implemented (if not already)

- For those that do not and those who live alone they can safely return to work

- For those who were being tested because they were self-isolating because a family member is demonstrating symptoms, subject to local testing capacity, family members can also be tested

- If a family member does not have Co-vid 19, then staff can safely return to work.

What is Co-vid 19 testing?

Coronavirus testing is a complex issue, since testing is trying to detect the presence of the virus over a number of time periods. In addition, it is complex because there is much that is not yet known about how the virus behaves, how long people may be asymptomatic before symptoms may appear etc.

Testing globally, is in the early stages for the most part. The US CDC approved an emergency Federal Drug Administration request for RT-PCR[1] to be used to test for Co-vid 19. A CDC factsheet can be found here and is dated 15th March 2020[2].

It is **essential** that you consult with your local Director of PH relating to local testing procedures as they will have the most up to date and accurate information on testing protocols.

Early Coronavirus testing is done via a RT-PCR test. RT-PCR stands for real-time "reverse transcription polymerase chain reaction" (rRT-PCR). More commonly you may hear the test being

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[1] RT-PCR is already manufactured for use in identifying other Coronaviruses, including SARS.
[2] This sheet is published for US medical providers.

called the PCR test. This test has to be done with a number of days since symptoms are first shown and the test is usually conducted by taking swabs.

Testing rates globally vary for a range of reasons. As a general guidance it is worth bearing in mind that all the data you see about the levels of testing being done across and within countries is unlikely to provide a baseline against which standard conclusions about why testing is being not/not done, can be made.

Scientists globally and within the UK recognise that there is still much that is not yet scientifically know about Co-vid 19. To the extent that you need to as a HR & OD professional, **please ensure that you are always obtaining your information from trusted and reliable sources**.

We have included a page on Myth busting on the PPMA Coronavirus Resource Hub – [PPMA Community Page](#)

Issues arising

A range of issues have arisen for public services:

1. Ensuring that we can test employees – especially those on the front line - to establish whether they have the virus or not, is key to ensuring we can provide reassurance and confidence
2. Testing ensures that those people self-isolating who do not have the virus can return to work as soon as possible
3. Identifying whether family members of employees have the virus gives us a much better understanding of the likely absence in our employee community, where there is a worry that a family member has the virus.

How and why is HR engaged in Testing?

1. As a professional community, we have an interest in ensuring that we can secure testing for our employees – especially those who are working on front line services.
2. Fear of being unsafe at work – which is the experience of some of our staff – may lead to short term anxiety issues and longer term mental health and wellbeing issues.
3. Due to the nature of the testing process and the confidential nature of information needed, it is reasonable for HR & OD colleagues to be involved in the process. Our familiarity with personal records, GDPR etc means that we are in a strong position to assist colleagues.
4. HR & OD staff are at the heart of ensuring that we can deploy and re-deploy staff in these very uncertain and violative times. Knowing the reasons for absence and understanding what needs to be done to ensure services can still be provided are within the scope of our responsibility.

The rest of this document is a case study from Salford City Council and the HR & OD team who are taking a lead role.

This study should be used as a starter for ten within your organisations. If you have any queries about any aspect of this work, please email us [here](#)

Salford Case Study

Context:

A large scale testing facility has been set up at Manchester Airport for Co-vid 19 PCR testing, but Salford public service organisations have been thinking about a local need. Specifically, Salford Royal Foundation Trust (SRFT) has a facility to test its own staff.

Origin of HR & OD engagement:
Salford and other Greater Manchester authorities work on a whole system basis. So regular corporate management calls include representatives across the Salford public services locality.

On Wednesday 8th April, the CCG accountable officer raised the issue of a local testing venue. And some offline actions were agreed with a view to opening the facility on Good Friday, 10th April.

What happened next?

Offline conversations were undertaken involving people such as the Director of Public Health, AD HR & OD Salford Council, Salford Council Chief Digital Officer, Workforce Director at SRFT.

A site was agreed but a number of issues needed to be resolved, including but not limited to, facility to host workers (e.g., portacabins), traffic management, delivery of testing samples to SRFT, process for referral of staff for testing, transportation to the site for those employees who did not drive, notification of results to employees tested etc.

What approach was taken?

Salford use a Squad approach to service design and service specific 'wicked' issues. Staff from across a range of functions participate in a squad to ensure that everyone who needs to be involved is involved right at the very beginning.

At the outset it was recognised that a Digital App would be needed but given that the solution needed to be designed and implemented within a 48 hour period it was recognised that the App would need to be designed in parallel to a manual process.

Digital colleagues worked with Salford team members involved in the process to ensure that the App design was developed in an Agile way.

However, it was recognised that people would need to staff the site, arrange referrals, administer the process, ensuring good record keeping etc. And the HR & OD team was asked to lead this work.

The following are some of the key tasks:

1. Staff from highways were asked if they could support obtaining facilities for the site. They agreed and worked to secure portacabins etc
2. They also supported traffic management activities, e.g., ensuring signage, routing of cars through the centre (one way in, one way out), security so that only approved people were allowed in etc
3. Community Leisure staff who had had to be furloughed volunteered to provide support and have been providing a whole range of activities as needed
4. Staff worked with Co-wheels, a social enterprise, which delivers car clubs in 60 locations across the UK. The car club is used by Salford to provide pool cars for staff. Co-wheels cars are used to transport samples to SRFT for testing
5. During a scheduled Microsoft Team Huddle, the AD HR & OD asked her team for volunteers. Even before the end of the call she had a minimum of 20 who would staff the administration and referral to the testing facility.

6. Working with the Workforce Director at SRFT, the Director of Public Health and Salford's Chief Digital Officer:
    a. A new secure email address was created
    b. The Salford home care and residential care providers across the health and care community were notified about the availability of testing for their staff and the referral process via the email address
    c. Scripts that had been prepared for use within SRFT were shared with the Council and amended as needed
    d. A schedule was created allowing tests to be taken every 4 minutes – a total of 120 tests can be completed daily (this is the safe limit of Laboratory capacity at SRFT)
    e. In essence 2 centres are in operation for go-live on Good Friday:
        i. Clinical staff
        ii. Care workers, Children and Adults and other front line staff
7. GDPR Leads for all organisations were involved throughout the process and a Privacy Impact Assessment was prepared.
8. Council staff and care sector staff were informed that their data would be shared with SRFT.
9. On the evening of Thursday 9th April, a message went out to all key stakeholders to confirm the facility would be live.
10. At 10 am on Good Friday HR & OD volunteers were briefed.
11. The testing process is as follows:
    a. Referrals are provided by an employer only
    b. The following information is provided:
        i. Employee date of birth
        ii. Employer
        iii. Job role.
        iv. Telephone contact details
    c. On receipt of a referral email, HR & OD volunteers:
        i. Contact the individual
        ii. Complete initial screening questions to determine that the test is appropriate
        iii. Confirm if the employee can safely drive to the site and home
        iv. Arrange a Black Cab if they are not able to get to the testing facility safely.
        v. Complete the referral 'form' with all the necessary information
    d. If a request is received before 11:30 testing is arranged for the same day, if not the next available slot is scheduled.
    e. Samples are taken to SRFT and results fed back to the individuals as soon as they are received.

What has happened since Good Friday?

1. Usage of the facility is steadily increasing.
2. The eligibility of testing has extended to Emergency Duty Teams, Front line Social Workers, Crisis Intervention Outreach workers.
3. In addition, symptomatic family members of workers who may have Co-vid 19 are also being tested.
4. In addition to the email notification process, for council directly employed employees, a report is run before 8 am for the AD HR & OD to identify any new cases of suspected Co-vid 19 or those self-isolating due to a household member being symptomatic so pro-active contact can be made to arrange same day referral for testing as far as possible.

5. The Salford Council Digital Team have built an App which will hopefully go live week commencing Monday 20th April.
6. During week commencing 20th April, the Council's Customer Contact team will process test scheduling, the HR team will provide weekend cover only
7. Notification of results will be provided by telephone to everyone who has been tested via telephone.

Are the staff being tested all in substantive posts?

Some organisations have had to consider redeploying people into roles that are not their substantive positions.

For Salford, all people being tested are either in their substantive post or are doing roles that are equivalent.

For all volunteers involved in the process, including those furloughed, they are being treated as if they were in their substantive posts.

Future considerations

RT-PCR testing will continue for the foreseeable future.

Another type of testing, known as Serology testing, is a test which determines whether someone has had Co-vid 19. Reliable tests are not yet available. But when they are, a Serology testing protocol will need to be developed and implemented.