

City of York Council Covid-19 Testing Prioritisation Policy.

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City of York Council Covid-19 Testing Ambition

1 INTRODUCTION

- 1.1 The purpose of this paper is to outline the approach across the City of York to identify methods for local testing and ensure a swift response accessible to the entire population as a part of the ongoing response to COVID 19. This paper is written in the context of the national testing strategy. The national testing strategy can be found [here](#).
- 1.2 The ambition across the City of York is to ensure good, timely access to tests and results as part of a systematic health protection approach. The aim of having a local approach is to complement the national offer.
- 1.3 Testing is a key part of supporting prevention and outbreak management during the pandemic alongside a range of other health protection interventions.
- 1.4 This will enable the local system to maintain an oversight of the prevalence of the virus in a local area and help prevent, reduce or delay transmission and outbreaks of COVID 19. This local approach across the City of York aims to supplement the national processes, in order to build a resilient strategy for our whole population.

2 BACKGROUND

- 2.1 The Civil Contingencies Act 2004 (“the Act”) sets out the actions which certain bodies can take in the case of an emergency. An emergency is defined in: Part 1, Section 1 of the Act as ‘an event or situation which threatens serious damage to human welfare in a place in the United Kingdom’. Plainly the outbreak of Coronavirus (Covid-19) falls into this Section and therefore agencies have been coordinating responses in accordance with their powers under the Act.
- 2.2 The Act sets out bodies as either ‘Category 1 Responders’ or ‘Category 2 Responders’. Category 1 responders are organisations at the core of the response to the emergency. They are subject to the full set of civil protection duties and are required to:
 - Assess the risk of emergencies occurring and use this to inform contingency planning.
 - Put in place emergency plans
 - Put in place business continuity management arrangements
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency

- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency
- Provide advice and assistance to businesses and voluntary organisations about business continuity management

2.3 In accordance with Schedule 1 of the Act, City of York Council is a Category 1 Responder (Schedule 1, Part 1, Section 1 Civil Contingencies Act 2004).

NHS Vale of York CCG are Category 2 Responders (Schedule 1, Part 3, Section 29ZA Civil Contingencies Act 2004).

This means that they are 'co-operating bodies' and must co-operate and share relevant information with other Category 1 and 2 responders but do not have the full set of civil protection duties listed above.

2.4 This document sets out the response of these Category 1 and 2 Responders, coordinating to respond to the urgent need for population testing as a result of the outbreak of Coronavirus (Covid-19) affecting the population these responders are responsible for. The response outlined below may be subject to change and is a description of how the Category 1 Responders, City of York Council will discharge their functions under the Act supported by Category 2 Responders.

3 PURPOSE AND VALUES

3.1 We will take a population health based approach using outbreak and other data to inform decision making.

3.2 We aim to prevent, reduce or delay the transmission and/or outbreaks of Covid-19 within the City of York.

3.3 Testing is a key intervention in identifying the incidence and prevalence of Covid-19 in York and determining the most effective interventions required.

3.4 We aim to escalate identified risks in order to provide a rapid response where there is an urgent need for testing, or where there have been delays in receiving testing support from other sources.

4 OBJECTIVES AND PRIORITIES

4.1 Our objectives are to:

4.1.1 Reduce the risk of COVID 19 transmission in the population.

4.1.2 Have a local testing system which has the capacity and capability to respond in a timely manner to a population level demand.

4.1.3 Prevent, contain and manage outbreaks

4.1.4 Prevent and reduce deaths, where possible

4.2 Our priorities are to:

4.2.1 Target our interventions

4.2.2 Provide a speedy response on a population level based on local intelligence and level of risk

4.2.3 Have a joined-up approach across the health and care system to maximise access to testing through multiple supply routes, working in partnership with the Local Resilience Forum (LRF) and national testing program.

5 PUBLIC HEALTH APPROACH AND PRIORITISATION

5.1 Aim of COVID-19 testing

5.1.1 What is the purpose of swab testing for COVID-19?

- To confirm a suspected diagnosis
- Active case finding in existing situations
- Screening
- Surveillance and where indicated asymptomatic testing (see point 5.3.2)

5.2 Testing across the whole population of the City of York

5.2.1 Testing up to July 2020 has focused primarily on supporting care homes and care settings, the ambition for the city is to extend the testing regime. This will be particularly to sites where the national testing DPH route would not be available to that population or site.

5.2.2 The intention is to expand the local satellite testing route to offer testing beyond care homes and care settings.

5.2.3 The local testing option will prioritise sites which are not eligible to access the national portal that care homes and other care settings can access.

5.2.4 Testing decisions will be made within the national ethical framework which determines that the DPH or the designated representative for each local authority has oversight of the decision to test.

5.2.5 Decisions for instigating testing beyond individual tests via the NHS self-booking system will be based on epidemiological risk assessment and a predetermined risk matrix balanced against the demand on the whole city testing capacity

5.3 Indicators for Testing

This should be read with cross reference to the SOPs (Standard Operating Procedures) which outline what to do if you have a suspected or confirmed COVID 19 positive case within your setting, for complex setting see Annex F

5.3.1 Symptomatic individuals: confirming diagnosis

The main indication for swabbing individuals is to confirm the diagnosis for people with suspected COVID. Initial steps to prevent spread should be taken prior to the result being available (i.e. isolating symptomatic individuals and their household contacts). However, additional public health action (particularly

through the new Test & Trace program) will follow on the identification of any positive results. Receiving timely testing and reporting of results is therefore imperative to implement the necessary actions.

Active case finding

In situations where there is increased risk of transmission in a given setting (care home, work place etc.), for example because there has been a known exposure or there have been cases identified, then whole-setting testing may be useful to detect asymptomatic and pre-symptomatic cases.

Active case finding may also be appropriate when background levels of COVID in care settings and care homes where nationally these are high (e.g. during outbreak peak). Where there is a known risk it is possible to contextualise the results of swabbing. The higher COVID risk also means that the risk/benefit balance of testing tips more in the favour of completing whole setting testing; however, there may still be additional risks of testing in relation to the specific setting to take into account.

Surveillance

Surveillance testing aims to gather population-level information about the number of positive cases across the country. Local response to National surveillance will align to government guidance. Individuals will be approached to take part in surveillance testing directly from NHS. The purpose of surveillance testing is to help illustrate the national COVID picture, rather than for any direct action at individual level (although any positive results would be acted on in the usual way).

5.4 Testing in complex communities, setting and/or populations

- 5.4.1 It may be necessary to offer complex settings, communities, or specific populations local testing options rather than the individual self-booked NHS national testing route for home test kit or drive through testing.
- 5.4.2 The options for each site or community proposed for a local testing route should be considered within the prioritisation model as set out in Annex D.
- 5.4.3 Community Nurses will support vulnerable individuals requiring testing if individual cannot self test, and cannot be supported to undertake the test by carers or family, support can be accessed via the CCG Quality and Nursing Team. Individual swabs will be delivered to the community nurse and collected by Be Independent so that accountability of tests can be maintained.

5.5 Testing for those under 18's

- 5.5.1 For those who are 5 years and over, follow the same process to access testing at Pillar 2, either personal request through NHS or where indicated via the York satellite testing coordinated at a specific site
- 5.5.2 For those under 5 years parent or guardian contacts 111

- 5.5.3 For those under 5 years and parent/guardian is an employee of the York Acute Hospital Trust, 2-5yrs can arrange a test with their employer for testing within the pediatric department.
- 5.5.4 Gillick competence and Fraser Guidelines are rules around when a child is deemed to be competent to make their own decisions. Whilst they specifically refer to contraception they have been widely accepted to apply to other medical treatments. There are exceptions to this 'rule', if the child refuses consent and this may mean that they suffer 'grave and irreversible mental and physical harm'.

In the absence of parental consent professionals should satisfy themselves that the child has come to the decision without any form of coercion, exploitation or influence from a third party.

5.6 Testing in care homes (See annex B for more detailed information)

A local decision-making process following national guidance is in place for care homes.

Mental capacity act

- 5.7.1 When identifying who should be tested consideration should be given to:
- Person's mental capacity to consent to the test
 - Any advanced decisions
 - Whether someone is so unwell that administering the test would not be appropriate
 - Anyone during the last days of life.
- 5.7.2 The Principles of the Mental Capacity Act 2005 include an assumption of capacity unless a person is assessed as not having capacity. People should be supported as much as possible to make decisions on their own behalf. Where a person is assessed as not having capacity to make a decision about whether or not they should be swabbed for Covid-19, or where they have fluctuating capacity to make such a decision. The assessment must be time and decision specific.
- 5.7.3 A record of consent should be kept on the individual's personal case file.

5.8 Testing within an FE or HE setting

- 5.8.1 An FE or HE setting can request a number of tests for its local student population where these students have been unable to access existing established testing routes or where there are considerations needed to be given to support outbreak prevention.
- 5.8.2 This might mean that rather than requesting whole site testing, an FE or HE institution would request tests on behalf of individual students using the template in Annex G.
- 5.8.3 The Annex G template should be submitted by 2pm in order to be considered

as a request at the 2:30pm meeting that same day. This should be submitted to the enquiries.publichealth@york.gov.uk e-mail address.

6 SUPPORT TO SETTINGS UNDERTAKING TESTING

- 6.1 Where the testing site has concerns on their ability or competence to administer the test this can be referred to health professionals who will be able to assist. In York this will be overseen by Public Health and the CCG and a process is in place to deploy appropriately trained staff to support the site.
- 6.2 Education regarding swabbing can be given as part of the training being rolled out across York.
- 6.3 The DPH has responsibility to approve testing, in practice this responsibility is discharged through the silver and gold testing priority meetings.

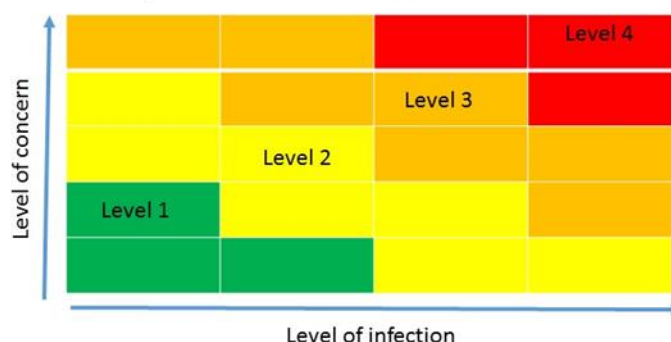
7 GOVERNANCE CONSIDERATIONS

- 7.1 Guide related to the decision to test is outlined in the risk matrix below

Fig 1 below: Risk matrix for decision making

Risk Matrix

- Level of intervention required (1-4) is based on assessment of level of infection and level of concern
- Level of infection:
 - no symptomatic cases → single issue → outbreak - few confirmed cases
 - → outbreak - widespread transmission
- Level of concern influenced by:
 - Soft intelligence – known frequent outbreaks, poor infrastructure, staff sickness, CQC etc.
 - Data – e.g. local clusters of outbreaks



- 7.2 The DPH or designated representative is responsible for ensuring an objective decision making process is followed when instigating whole site testing or screening.
- 7.3 Annex D outlines the priority template when deciding on which sites to prioritise

8 HOW TO REQUEST WHOLE SITE TESTING

If you believe that the site or community you are responsible for requires a whole site/whole population approach this needs to be actioned through the DPH decision making process.

- In the first instance you should complete a referral form found at Annex E and submit to the enquiries.publichealth@york.gov.uk inbox. This should be cross referenced with the SOP for your setting (See Annex F)
- This inbox is managed 7 days per week and your request will be forwarded to the decision making team.
- You will receive an invitation to attend a CYC testing prioritization group at the next available timeslot. Meetings are held Monday to Friday with PH, CCG and ASC at 2.30pm.
- The request will be discussed in the context of the whole city priorities, capacity in the testing system and a decision will be taken about deployment of test kits for the following working day.
- Prioritisation table can be found at Annex D and decision making risk matrix can be found at point 7.1

9 NATIONAL TESTING AND LOCAL SHARED ARRANGEMENTS

9.1 There are currently five pillars of the national testing strategy, however only pillars 1 and 2 are relevant in this context and the other three pillars are nationally focused. The pillars are:

- Pillar 1 – Testing of NHS and some care staff and patients. This pillar includes Public Health England testing during outbreaks.
- Pillar 2 - Swab testing at super sites and mobile testing for the population and limited availability of home testing. Testing of residents in care homes alongside retesting of identified sites
- Pillar 3 Antibody Testing
- Pillar 4 Surveillance Testing
- Pillar 5 Diagnostics National Effort

9.2 Across the shared North Yorkshire and York testing response to achieve our ambitions set out we need an approach to testing that is responsive, timely and supports a proactive early intervention and prevention. To achieve this intent, additional access to testing will be required alongside the national strategy through the North Yorkshire and York Local Resilience Forum (LRF).

In addition to Care Homes and testing people over 65, this will support the testing of.

- People living in residential or nursing care irrespective of age
- Those people living in Extra Care settings or independent living communities
- Those people with a learning disability whether living in residential/nursing care or supported living.
- Other vulnerable adults who may be living in residential/nursing

care or supported living environments e.g. adults with physical disabilities or mental health issues.

- Extended the scheme to include people in receipt of domiciliary care and people in receipt of Direct Payments
- People who are vulnerable and living in other group settings such as hostels and refuges.

10 NORTH YORKSHIRE AND YORK SHARED TESTING PROCESS

10.1 The North Yorkshire and York Testing Group meets regularly.

10.2 Testing is one part of the response that is being provided to support for settings.

10.3 The North Yorkshire and York Testing Group considers recommendations made for the shared testing route by any professional escalating concern

10.4 Following the shared NY&Y Testing Group the DPH representative will implement the process for requesting testing for the proposed site for the agreed eligible settings.

ANNEX A: CARE HOMES AND CARE SETTINGS:

Testing in care homes

A local decision-making process following national guidance is in place for care homes. Summary of testing access for care homes/settings as of 2nd July is:

- ASC liaise with each site to ensure the latest information is available to assess known risks
- Risks are discussed at a regular partnership meeting governed by DPH/PH representative
- The proposed sites for testing are discussed and an agreement made within the context of the whole care system
- Decision is agreed regarding testing for the following day at the Joint LRF Gold morning call with CYC ASC, NYCC and PH action the request for testing using this route following the meeting.
- Where sites are not eligible for the LRF/DPH shared route a decision will be made about testing alongside the whole population for the local satellite.
- Wrap around support for sites is also considered within both the York and shared NY & Y meetings.

Testing of symptomatic individuals for diagnostic purposes is ongoing and will continue where indicated.

All care homes were required to complete one round of whole home testing to identify asymptomatic or pre-symptomatic cases. This could be considered active case finding for all homes – those with outbreaks due to the existence of cases within the home, and those without known cases as the background prevalence of COVID-19 in care homes over the last few months has been high enough to substantially increase the risk across all care homes.

Our priority for whole setting testing will be active case finding in situations where there is a known epidemiological link – this response will need to be timely and follow the agreed processes.

Repeat whole care home care setting testing – for case identification

National guidance can be found [here](#)

Testing for care home staff can be made available every week through the national testing route managed between NY&Y

Care home residents can be tested monthly without a current outbreak and with no suspected cases within the site.

Careful consideration needs to be given to the decision to action a repeat whole site testing regime. This is still subject to PH governance and is requested and considered within the context of the whole system approach, this would be alongside symptomatic testing through the appropriate daily route. Those eligible through the shared NY&Y DPH route and other through the local testing or mobile testing units.

Repeat site testing must be undertaken within the prioritisation model outlined in Annex D

Prioritising whole care setting testing of staff and residents

Following consideration by local Public Health specialists, the following four over-arching criteria will be used to determine where whole care setting testing should be carried out. Where the requests for tests outstrip capacity, these criteria are in order of importance.

Please refer to Annex D prioritisation table

Testing for pre admission to care homes or transfer between care homes:

It is inevitable that residents will be at times moving between the community to care homes and occasionally between care homes. In order to reduce the risk of cross infection it is advised that the person transferring undertakes a COVID – 19 test within 48 hours of the planned transfer.

The team or worker managing the transfer must submit a test referral form to adultscommissioning@york.gov.uk a test kit ideally from the local pseudo satellite option will be made available for the test to be undertaken. See form below.

ANNEX B: CARE HOME TRANSFER TESTING**City of York Covid - 19 Test Referral form**
(Transfers related to care homes/care settings only)

Referring Team & contact name		
Contact details of referrer/team		
Please state which care home	Community to Care Home	
Please state both sites	Care Home to Care Home	

Full Name	
Current address	
Contact phone number	
NHS number if known	
DOB	
GP Practice	
Date of Admission	
Does the person have capacity to consent	YES / NO
If Yes please provide date of decision – If NO swab cannot be completed	
Does a family member need to be contacted before the test is carried out if so please provide details	Name – Relationship to the person – Address – Contact number –
Has the person consented to the Swab YES / NO IF NO, has a best interest decision be completed?	
Name of person who was involved in Best interest decision	

For Community to Care Home Transfer Only:

Lives with someone suspected or confirmed who has been unable to isolate from the patient	Yes Where known complete	1= Date onset of first symptom 2= Temperature 3= New persistent Cough. Yes/ No
	No	

For Care Home to Care Home Transfer Only

Has the Person had a test in the last 48 hours	YES / NO
If Yes please provide the date and result	Date: Test Result:
Additional Information? ARE CARERS CONTACT DETAILS REQUIRED FOR ACCESS	
Risks:	
Key Code / Access info	
Date Covid19 Swab taken (CCCT)	
Result of Swab (IPC)	Positive/Negative/ Inconclusive
Date test confirmed (IPC)	

Once complete please send to: adultscommissioning@york.gov.uk

ANNEX C: TESTING ROUTES

There are several options to access testing in York and all routes may need to be considered if one fails. NOTE: These may be subject to change.

National guidance can be found [here](#)

Pillar one				
Testing site	Who	How	Helpline	Notes
National (Easingwold site)	NHS essential worker and their family members	Direct referral		
Pillar three Antibody testing				
Testing site	Who	How	Helpline	Notes
National (Easingwold site)	NHS essential worker and their family members	Direct referral		

Pillar Two				
Key workers				
Testing site	Who	How	Helpline	Notes
National test centre (York P&R Poppleton) Drive through or self-test	Key worker employer referral	Employer process Unique referral code given by text https://test-for-coronavirus.service.gov.uk/appointment		CYC employees this is through Medigold when reporting absence
National test centre (York P&R Poppleton) Drive through or self-test	Key worker self-referral	https://self-referral.test-for-coronavirus.service.gov.uk/		

Symptomatic residents				
National test centre (York P&R Poppleton) Drive through or self-test	Symptomatic person	https://www.nhs.uk/ask-for-a-coronavirus-test	Ask at time of test	guidance

Care home residents				
Testing site	Who	How	Helpline	Notes
At the care home through national process	Whole site testing request including staff	PHE referral via CYC named contact Daily prioritisation https://request-care-home-testing.test-for-coronavirus.service.gov.uk/	Via DPH/representative	This is same as care home direct referral
Satellite testing unit	N/A	If required can be requested through emergency planning LRF escalation in a major outbreak		
National test site - courier to care home	Residents of CQC registered care homes	CQC directly wrote to each care home with instructions	Telephone: 03000 616161 enquiries@cqc.org.uk	
National Test site – courier to care home site	Care home manager referral	https://request-care-home-testing.test-for-coronavirus.service.gov.uk/		
Wider system testing				
Testing site	Who	How	Helpline	Notes
York Pseudo satellite testing		Referral (Annex E) to PH email Daily prioritisation by Public Health DPH representative		
NY&Y Satellite testing unit	Complex sites/communities	This would be through DPH/LRF escalation during an outbreak		

The York pseudo satellite option is linked to the pillar 2 Deloitte's offer, test kits are delivered and collected using local couriers organized each day. The tests are self-administered or support is given by the sites own staff and or wrap around support staff via CCG.

NY&Y Satellite testing unit option is part of the shared LRF process cross Y&NY and would only be used in York to support a major outbreak. This offers a quick and assisted testing options however this is a shared facility across the whole of North Yorkshire.

ANNEX D: PRIORITISATION TABLE

Following consideration by local Public Health specialists, the following four over-arching criteria will be used to determine where whole community or setting testing should be carried out. Where the requests for tests outstrip capacity, these criteria are in order of importance.

Prioritisation Table: Whole site testing all populations

1	<p>New outbreak (or new case in COVID-free community/setting) Community/setting has reported new cases. Priority would be given to more complex settings with a new confirmed outbreak. Definitions of what constitutes a new outbreak is defined in the SOP, as this differs depending on the setting. Complex settings include: Shared housing with difficult to manage client group, a setting where social distancing is difficult to impose. Communities of interest such as drug users or gypsy and travelers.</p> <p>Please note where possible for Care Homes/Care Settings that meet the criteria for the national DPH testing portal this should be considered in the first instance to ensure the whole system has capacity. This does not mean that Care Homes/Settings cannot access the local pseudo satellite route simply that a balance to manage capacity needs to be considered.</p>
	<ul style="list-style-type: none"> • One or more confirmed positive Covid-19 residents or staff • One or more staff members reporting Covid-19 symptoms • One or more residents acutely unwell with COVID-19 symptoms • Increase in deaths (concern about unexpected deaths or spike in numbers) Increase in illness in last week
2	<p>Ongoing outbreaks (previously reported to PHE, HPT) requiring escalation</p> <ul style="list-style-type: none"> • Increase in cases above expected or rapid increase in number of cases • Increase deaths above expected or rapid increase in number of deaths • Large or increasing proportion of staff absence related to COVID -19 • High rotation of staff in/out of the site (e.g. agency, staff shared between sites, part of a local provider groups with known or re occurring outbreaks) • Risks identified about infection control measures, cohorting of staff and residents etc. • Large care homes (50+ residents) where there is greater potential for a high level of transmission • Complex sites where there is a potential for high transmission and severe illness/death

3	Other (Examples of other intelligence; Local intelligence, CQC reports, commissioner monitoring, change of leadership, any signs that indicate the setting or community is potentially vulnerable or has increased vulnerability)
	<ul style="list-style-type: none"> • High overall risk* • Concerns raised through multi-agency group • Unstable leadership or recent change of leadership • Keeping a Covid-19 setting free of Covid-19 particularly in larger and complex settings • Any situation where the setting is reporting difficulties in continuing to safely care for residents
4	Repeat whole site testing – screening, no specific concerns
	<ul style="list-style-type: none"> • Resident group are in an epidemiologically noted high-risk category • Social distancing is difficult (for instance due to dementia) • Majority of residents are 65+ • Speculative screening outside the national programme for Settings is not deemed appropriate at this time.

*As determined by risk matrix

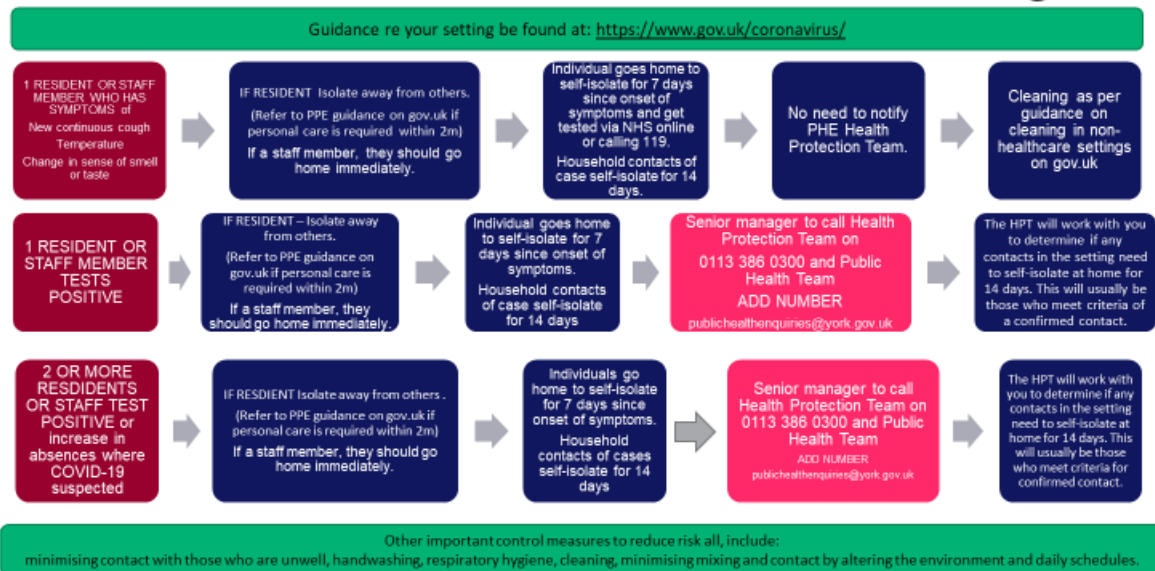
ANNEX E: WHOLE SITE TEST GENERAL REFERRAL FORM**City of York Council****Covid - 19 Whole site test general referral form**

Referring team & contact name	
Contact details of referrer/team	
Please state which site or business this relates to	
Address inc. post code	
And/or state which community this relates to	

Why you are requesting whole site testing?	
How many people are confirmed positive COVID - 19 test at the site?	
How many people are self-isolating due to COVID-19 symptoms	

ANNEX F: WHAT TO DO IN A COMPLEX SETTING

What to do if you have a case of COVID-19 in A COMPLEX setting



Annex G: FE and HE Covid-19 Test kit Ordering Form**City of York Council****Covid - 19 FE and HE Covid-19 Test Kit Ordering Form**

Date of request	
Referring Institution & SPOC contact details	
Contact details of referrer if different	
Name and contact details of institution representative who can provide more detail about this request if required	
Please state full address including. post code and contact name for delivery	
Have you confirmed that each student you are requesting a test kit for is unable to access a test through existing routes from https://www.gov.uk/get-coronavirus-test ? Yes / No	

Have you asked each student if they are experiencing Covid-19 symptoms?	
Have you asked each student if they are self-isolating and complying with guidance?	
Do you have any concerns about any of these students not complying with guidance? If so what and please explain what steps have been taken / additional support may be required?	
How many test kits are you requesting?	