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Lateral flow antigen test FAQs

Second roll out trusts

Version 2, 16 November 2020

Frequently asked questions

These FAQs specifically relate to the lateral flow antigen tests for patient facing NHS staff. For all questions on HR processes following a positive test and related isolation questions, please refer to NHS Employers' FAQs on asymptomatic staff testing: <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/asymptomatic-testing>

Q1. What type of test are we rolling out?

The Innova SARS-CoV-2 Antigen Rapid Qualitative Test uses a swab which has been in contact with the nostril of the person being tested. The swab is inserted into the extraction tube with the extraction fluid and then rotated and pressed to make sure that the sample from the swab is released into the extraction fluid (swab is then discarded at this point).

You then take the extraction tube with the nozzle cap and place 2 drops of extraction fluid into the sample well of the LFD testing device cartridge and wait for the results on the test device.

Q2. What is the specificity and sensitivity of this particular test?

The government has published its latest research on these tests: <https://www.ox.ac.uk/news/2020-11-11-oxford-university-and-phe-confirm-high-sensitivity-lateral-flow-tests-following>

Q3. Is the test mandatory or voluntary?

Tests are voluntary, but staff should be strongly encouraged to take part to help keep their workplace safe for patients, visitors and all their colleagues.

Q4. How frequently should staff be tested?

Staff should test themselves twice weekly every three to four days to fit with shift patterns and leave requirements; for example, Wednesday and Sunday, or Monday and Thursday.

Q5. What happens if staff get a positive result?

Staff should inform their manager of a positive result in the normal way.

A confirmatory PCR test will be arranged. They and their household should isolate as set out in government guidance:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

Q6. What happens if my test is negative, but I have coronavirus symptoms?

If you have coronavirus (COVID-19) symptoms please refer to NHS guidance:

[nhs.uk/conditions/coronavirus-COVID-19](https://www.nhs.uk/conditions/coronavirus-COVID-19).

Q7. Are we asking potentially positive staff to come to hospitals for a confirmatory PCR test?

Trusts should use their normal processes to access tests for staff members who have symptoms of COVID-19, whether that be through pillar 1 or 2. These processes assume that staff may be infected with COVID-19 and therefore suitable IPC and PPE will be in place. Staff should continue to isolate until they have the results of the PCR test.

Q8. What should staff do with the used tests?

Staff can safely dispose of the test items in their normal household waste but should pour any residual buffer solution away first.

Q9. What happens if the buffer solution is accidentally consumed?

As set out in the manufacturer's safety instructions, the buffer solution is not hazardous; however, if accidentally ingested, a medical practitioner should be informed.

Q10. At what stage is Test and Trace informed of the result?

At the point the confirmatory PCR test result is known, and this is positive, test results will, as normal, be referred to Test and Trace.

Q11. If a staff member has a positive PCR COVID-19 test, when should they start the lateral flow antigen tests again?

A staff member who tested positive would recommence home testing 90 days after their positive test was taken. The staff member will need to liaise with their NHS organisation to track the date at which the retesting should start.

Q12. If staff are already regularly being tested through existing regimes – e.g. professionals visiting care homes, SIREN testing, PCR testing in Tier 3 areas, etc – should this be replaced by lateral flow tests?

If staff are already enrolled in another testing regime through their NHS organisation, this should not be replaced by the lateral flow tests unless agreed by your organisation.

If they are participating in research studies where the frequency of testing is not weekly (e.g. monthly) they should undertake twice-weekly LFD self-testing. For example, staff members participating in the SIREN study and having qRT PCR testing every two weeks should also be part of the twice-weekly LFD testing if they are a patient-facing member of staff.

Q13. What about LAMP testing – I thought this was being used for asymptomatic staff testing?

We are building LAMP testing capacity in pathology hubs across the country. As this becomes available it will be used for staff testing.

Q14. How many tests will staff get?

The testing kits will arrive in boxes containing the following:

- 25 foil pouches containing the test cartridge and a desiccant
- two vials of 6 mls buffer solution
- 25 extraction tubes and 25 tube caps
- 25 sterilised swabs for sample collection
- The manufacturer's instructions for use of the device (IFU). NB: you will receive instructions for NHS staff separately from the box, and it is these that staff should follow instead.

Q15. How do we collect the results of these tests?

Initially the collection of results will be manual with staff recording their results on paper and handing to their organisation. A digital solution is being developed.

Q16. How should organisations collate these results?

Results should be collated by organisations using the reporting template and uploaded to PHE's POCT portal.

Q17. Can these tests be used for patients?

PCR tests should continue to be used for patients.

Q18. Should patients who have been in direct care of a staff member who tests positive with lateral flow be tested while the confirmatory PCR test result is pending?

Your organisation's protocols for tracing contacts should be followed.

Q19. Will this testing regime remove the need for staff who have been exposed to a positive COVID-19 case to self-isolate?

Government self-isolation advice should be followed at all times. This test does not remove the need to self-isolate should you need to.

Q20. Is there any prioritisation of which staff this should be rolled out to first?

Sufficient volumes of the lateral flow devices will be sent to organisations to enable all staff to be given the test asap.

Q21. Can staff use the tests for their symptomatic family members?

Family members who have symptoms should access tests in the normal way.

Q22. What is the plan for rolling out to community, ambulance and mental health trusts?

The roll out of testing this week will include NHS community, ambulance and mental health trusts. Plans are being developed to roll the test out to all NHS staff as soon as possible.

Q23. Can tests be used as a response to COVID-19 outbreaks?

Should an outbreak be declared in your organisation, testing regimes should be discussed in line with your normal organisational response.

Q24. Why is the testing method different from that described in the manufacturer's original instructions for use?

We are recommending the swab is used and the sample taken in a different way to the instructions for use, with more rotation of the swab at a lower level of penetration, to enable easier self-administration of the test. This is based on advice from experts. The manufacturer has been informed of the planned use of the tests for self-administered asymptomatic staff testing within the NHS and trusts have been asked to provide a local support package to include staff access to a helpline/further training and, if deemed necessary, on-site training arrangements. It is recommended that staff are observed by a trained healthcare colleague the first time they administer the test.

Q25. You say that it is recommended that the first test is observed. This presents logistical issues, so can staff be trained to take the test but not observed?

We advise that any staff member who needs support undertaking the test is provided with appropriate support and training and observed on the first occasion. Trusts should use their discretion as to which staff may require additional support. Observation of the first test is not mandatory for all staff.

Q26. Is there advice on giving staff time back from undertaking the test at home?

The test should take no longer than 5 minutes to undertake, with a 30 minute wait for results.

Q27. When deliveries arrive what size of space should be allocated for them

Tests will arrive on pallets. There are 30 boxes on a pallet that contain 27 smaller boxes which contain 25 tests in each – 20,250 tests in total. Trusts will receive sufficient lateral flow tests to provide one box of 25 tests to each patient-facing member of staff as soon as possible.

Q28. Should the tests be kept in specific conditions; will they require security like Tamiflu did?

Tests can be stored in typical warehouse conditions; they do not need refrigeration but should be kept out of direct sunlight and not be exposed to heat. They are not expected to require any additional security than other NHS deliveries.

Q29. What are the financial arrangements in place to support this roll out of testing?

Trusts will be allocated funding to support the roll out as per the chart below.

Patient Facing staff number	Trust size	Allocation
0-1000	Small	£30,000
1000-2000	Med/small	£60,000
2000 - 4000	Med/Large	£80,000
4000- 10000	Large	£140,000
10,000+	Extra Large	£200,000

Q30. When will we receive our delivery of tests?

We are beginning the roll out of millions of tests during week commencing 16 November; you will be notified two days in advance of any scheduled delivery of tests.

Q31. For trusts with multiple sites can you confirm they can have tests delivered to multiple sites?

Due to the extent of the logistics required, we can only have a single delivery for each organisation. Trusts will be notified in advance of the delivery schedule.

Q32. Can you give guidance on whether Community Interest Companies providing patient facing care will be included in the testing?

Community Interest Companies are being contacted directly to establish testing requirements and will not be included in this week's testing roll out.

Q33. What's the timeline for the testing roll out to primary care colleagues?

We are rolling out testing to all NHS patient facing staff at speed; primary care colleagues will be receiving these tests as soon as possible, but not this week.

Q34. Can you confirm the reporting requirements and share any already existing digital solutions being used by trusts?

Trusts will be asked to collate and report to PHE the positive and negative lateral flow results once a week. This fulfils the statutory reporting requirements for COVID-19 testing. Trusts will also be required to report back on NHS England and NHS Improvement daily sitreps the numbers of staff who are absent from work having tested positive on a lateral flow device.

Q35. What about staff that form part of the local authority team – e.g. school nurses?

DHSC is rolling out lateral flow antigen tests through their DPH networks, details of this testing and the areas covered can be found here:

<https://www.gov.uk/government/news/more-rapid-covid-19-tests-to-be-rolled-out-across-england>

Q36. Where should I direct any enquiries?

Email questions to england.covid-LFD@nhs.net