

Care Home

Update on changes to IPC related guidance

27 April 2022

Please note this update was correct at the time of writing and may have been superseded since being written.



Keeping up to date:

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

Care & Nursing Home Q&A session held weekly every Wednesday
14:30-15:30 can be accessed via this link:

[Join Microsoft Teams Meeting](#)

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

08703156601 (please phone at weekends)

Or

HIOW.C19IPC@nhs.net

Changes to COVID-19 testing in England from 1 April

[Summary of changes to COVID-19 guidance for](#)



Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group

Adult social care staff

Asymptomatic testing

Previous guidance

Staff in adult social care should conduct pre-shift testing using lateral flow tests.

Following a positive case, staff in care homes and high-risk extra care and supported living settings should do daily testing until there have been 5 days with no new positives.

New guidance

Staff in adult social care should test twice a week with lateral flow tests.

Following a positive case, staff in care homes and high-risk extra care and supported living settings should do daily testing for 5 days. This testing is not extended if further positives are found in these 5 days.

Part time staff:
try to have 72hrs
between tests.
If only works 2 days
together (i.e. Saturday &
Sunday) undertake 1 test
prior to first shift.

Personal protective equipment



Hampshire, Southampton and Isle of Wight

Clinical Commissioning Group

Previous guidance

Staff should use FFP3 respirator masks whenever carrying out an aerosol-generating procedure (AGP)

Staff should wear a type IIR mask, eye protection, gloves and an apron when within 2 metres of someone with suspected or confirmed COVID-19, or carrying out personal care regardless of whether the person being cared for has suspected or confirmed COVID-19.

The guidance also applies to visitors who are providing care

New guidance

Staff should only use FFP3 masks when carrying out an AGP on someone who is suspected or confirmed to be COVID-19 positive or who has another infection that could be spread by the droplet or aerosol routes.

Where no infection is suspected or confirmed, a type IIR mask can be used for AGPs.

Staff should wear a type IIR mask, eye protection, apron and gloves when giving personal care to someone suspected or confirmed to have COVID-19, or when cleaning their room. When undertaking other tasks within 2 metres of someone suspected or confirmed to have COVID-19, a type IIR mask and eye protection should be worn. An apron and gloves should also be worn if it is risk assessed that contact with bloody or body fluids is likely.

When carrying out personal care (or other tasks involving likely contact with blood or body fluids) for someone who is not suspected or confirmed to have COVID-19, a type I, II or IIR mask should be worn along with an apron and gloves. Eye protection should also be worn if risk assessed that splashing is likely.

Be aware of soft signs / cold like symptoms and ensure testing of any one with symptoms.

Symptoms of coronavirus (COVID-19) in adults can include:

- a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
- a loss or change to your sense of smell or taste
- shortness of breath
- feeling tired or exhausted
- an aching body
- a headache
- a sore throat
- a blocked or runny nose
- loss of appetite
- diarrhoea
- feeling sick or being sick



If a staff member is symptomatic, tests positive or is a contact of someone with COVID-19

Previous guidance

Staff with symptoms should take a PCR test and stay away from work until they receive a negative result.

Staff should undertake a PCR test when they have been notified of being a contact of someone who has COVID-19 while staying away from work, and if negative, return to work and test daily with lateral flow tests for 10 days.

New guidance

Staff with symptoms should take a lateral flow test as soon as they develop symptoms and take another lateral flow test 48 hours after the first test. Symptomatic staff should stay away from work and conduct the lateral flow tests at home. Staff should only come into work if both lateral flow test results are negative. For those who test positive the guidance on ending self-isolation early through additional testing remains the same.

Staff should not carry out additional testing or self-isolate if they are a contact of someone with COVID-19, but a risk assessment should be undertaken.

Scenario: Staff member starts symptoms on Monday – LFD test carried out at 08:00 and was negative, they should stay off work on Monday and Tuesday and retest on Wednesday no sooner than 08:00 (48hrs post the original swab).
If NEGATIVE they can return to work
If POSITIVE they must isolate and follow self isolation guidance



<https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection>

Staff members with symptoms of a respiratory infection including COVID-19

Anyone who has symptoms of a **respiratory infection and has a high temperature or does not feel well enough to go to work**, is advised to stay at home and avoid contact with other people.

Patient-facing healthcare staff who have symptoms of a respiratory infection, and who have a high temperature or do not feel well enough to attend work, should take an LFD test as soon as they feel unwell.

Symptoms of COVID-19, flu and common respiratory infections include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

Considerations specific to care homes

Discharge from hospital into a care home

Previous guidance

People who test positive for COVID-19 cannot be discharged into care homes and would need to complete a period of isolation in a designated setting.

Care home residents should self-isolate within the care home following emergency admission into hospital.

New guidance

People who test positive prior to discharge can be admitted to a care home if the home is satisfied that they can be cared for safely.

A person will receive a PCR test prior to discharge, or a lateral flow test if they have tested positive for COVID-19 in the past 90 days.

Care home residents should not be required to self-isolate when discharged back to the care home following an admission into hospital, subject to a negative PCR or lateral flow test. Residents will still need to self-isolate for 10 days if they have been discharged from a part of hospital where there is an active outbreak.

- Risk assessment examples:
- Are they a returning resident?
 - Can they isolate for at least 10 days?
 - Do they walk with purpose?
 - What day of isolation are they on?
 - Your estate and environment

- Risk assessment examples:
- Ask the ward if there are any positive cases in the same bay and/or ward
 - Is the resident currently in a isolation room or bay
 - Do they walk with purpose?
 - Ensure that a pre discharge swab has been completed



Admission to care home from the community or another care setting

Previous guidance

Residents admitted from the community or another care setting should take a PCR test before they're admitted (within the previous 72 hours) and a PCR test on the day of admission (day 0). An individual risk assessment should also be conducted to determine whether the incoming resident should self-isolate.

New guidance

Residents admitted from the community or another care setting should take a PCR test within the 72 hours before they're admitted (or a lateral flow test if they have tested positive for COVID-19 in the past 90 days) and a lateral flow test on the day of admission (day 0).

These tests should be provided by the care home. If an individual tests positive on either of these tests and continues to be admitted to the care home, they should be isolated on arrival.

If a care home resident is symptomatic, tests positive or is a contact of someone with COVID-19

Previous guidance

Care home residents should take a PCR test and isolate if they have symptoms of COVID-19 to confirm their COVID-19 status. If they test positive for COVID-19, they should isolate and then take part in daily rapid lateral flow testing from day 5. Residents can end self-isolation after receiving 2 consecutive negative tests 24 hours apart, or after 10 days isolation.

Residents who are close contacts of a COVID-19 case should self-isolate and be released from self-isolation following 3 consecutive negative lateral flow tests.

New guidance

Care home residents who have symptoms of COVID-19 should isolate and take 2 lateral flow tests: as soon as they develop symptoms (day 0); and another lateral flow test 48 hours after the first test (day 2) to confirm their COVID-19 status.

Residents who test positive for COVID-19 should isolate for 10 days and take part in daily lateral flow testing from day 5. They can end self-isolation after receiving 2 consecutive negative tests 24 hours apart, or after 10 days' isolation.

Residents who are close contacts of a COVID-19 case do not need to isolate nor undertake additional testing. Instead, they should: minimise contact with the person who has COVID-19, avoid contact with anyone who is at higher risk of becoming severely unwell if they are infected with COVID-19, especially those with a severely weakened immune system, and follow the advice regarding testing and isolation if they develop symptoms of COVID-19.

Regular asymptomatic testing for COVID-19

Previous guidance

Monthly asymptomatic PCR testing for residents of care homes.

New guidance

There should be no regular asymptomatic testing for residents of care homes

Scenario: Resident starts symptoms on Monday – LFD test carried out at 08:00 and was negative, they should isolate on Monday and Tuesday and retest on Wednesday no sooner than 08:00 (48hrs post the original swab).
 If NEGATIVE they can come out of isolation
 If POSITIVE they must isolate and follow isolation guidance

Consider cohorting of staff to care for symptomatic residents.
 Consider environmental issues

Visiting arrangements in care homes



Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group

Previous guidance

Essential care givers and end-of-life visits should be facilitated in all circumstances (regardless of outbreak or resident isolation)

All visitors should test before visiting.

NHS staff should show a negative COVID-19 test from within the last 72 hours. CQC and other visiting professionals were advised to conduct a COVID-19 test every day they were in an adult social care setting.

Care home residents should self-isolate following high-risk visits out of the care home (including emergency hospital stays).

New guidance

Every care home resident should have one visitor who can visit in all circumstances (including during periods of isolation and outbreak). End-of-life visits should always be facilitated.

Only visitors providing personal care should test before visiting. They will not need to test more than twice a week.

NHS staff should be able to provide evidence of a negative test within the last 72 hours. CQC inspectors should test before their inspection, up to a maximum of twice a week if they are in care settings 2 times or more per week.

Other visiting professionals should be tested with tests provided by the care home if they are providing personal care, as per the guidance for visitors providing personal care.

Care home residents should only self-isolate if they test positive for COVID-19, or if they are admitted from a part of a hospital where there is an active outbreak.

The provider should provide the visitor LFD's where the visitor provides hands on care.

No need for maintenance contractors to test

regular professional visits i.e. hair dresser, podiatrist, district nurses, GP's.

Risk assess entertainers, social workers, religious group who may visit multiple residents

People receiving care (excluding care home residents)

If a person receiving care is symptomatic or tests positive for COVID-19

Previous guidance

People receiving care who have symptoms should take a PCR test and if in a residential setting (extra care, supported living), should isolate until they receive a result.

New guidance

People with symptoms in extra care and supported living should take a lateral flow test as soon as they develop symptoms and take another lateral flow test 48 hours after the first test. They should follow the guidance regarding staying at home and avoiding others – this can end if both tests are negative. For those who test positive, the guidance on ending self-isolation early through additional testing remains the same.

Regular asymptomatic testing for COVID-19

Previous guidance

Monthly asymptomatic PCR testing for people in high-risk extra care and supported living

New guidance

There should be no regular asymptomatic testing for people receiving care.

Environment considerations



Hampshire, Southampton and
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Management of waste contaminated with respiratory secretions or mucus from a person with COVID-19

Previous guidance

In a person's own home, this waste should be held for 72 hours before being disposed of.

New guidance

In a person's own home, this waste should be disposed of in the domestic waste stream with no extra measures needed.

What constitutes an outbreak?

An outbreak consists of 2, or more, positive (or clinically suspected) **linked** cases of COVID-19 during a 14-day period. This applies to both staff and residents and includes PCR and rapid lateral flow test results. [COVID-19 testing in adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-testing-in-adult-social-care). The Health Protection Team will aim to discuss with you if the cases you have identified are likely to be a result of *transmission taking place within the care home* before declaring an outbreak.

Increase frequency of Testing in your setting in response to a covid-19 case or an outbreak

Staff (and any essential care givers) should undertake twice weekly lateral flow device testing (LFD), ideally at the beginning of their shift/visit. This is now the standard national recommendation for all asymptomatic staff testing.

'Rapid response LFD testing for five days' – should be undertaken when you first identify a case of covid-19 in a member of staff or resident.

'Whole home PCR testing and LFD testing' should be undertaken for all staff and residents at the point an outbreak (**2 or more linked cases**) is declared and 4-7 days later. Outbreak restrictions can be lifted soon after the results of these two rounds of testing are obtained and no new cases are identified – this should be done in discussion with the HPT or local CCG infection prevention leads.

'Recovery testing with PCR' should be undertaken 10 days after the last positive case in outbreaks where new cases continue to be identified that are suggestive of transmission taking place within the setting.

Please familiarise yourself with the [guidance on testing for Covid-19 in adult social care settings](#) and ensure you are receiving routine communications directly from the DH and your local CCG.

Staff returning to work

If a staff member receives a positive SARS-CoV-2 result, they must complete a period of self-isolation. Staff may be able to end their self-isolation period before the end of 10 full days by following the guidance here [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care)

Contact Tracing

As of the 4th April 2022, **staff and residents who are deemed to be 'close contacts' of a case do not have to undertake any additional testing or self-isolate**. If any member of staff or resident develops symptoms, they should self-isolate and undertake a Lateral flow test (repeat at 48hrs if negative). Residents who are deemed to be 'close contacts' of a case should avoid contact with anyone who is at higher risk of becoming severely unwell if they are infected with COVID-19, especially those with a severely weakened immune system, and follow the advice regarding testing and isolation if they develop symptoms of COVID-19.

If a staff member is deemed to be a 'close contact' of a case, and they work with people who are especially vulnerable to COVID-19, a risk assessment should be undertaken, and consideration given to redeployment during the 10 days following their last contact with the case.

- If the care home is currently experiencing an outbreak, we recommend a cessation of non-essential communal activities for 10 days in the care home for residents. The duration of these restrictions can be reviewed based on the results of outbreak testing results that are undertaken.

Key points from the guidance [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK](https://www.gov.uk/guidance/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care) (www.gov.uk)

- Residents with symptoms must be isolated and tested for covid-19. **From the 4th of April, testing for symptomatic individuals is through the use of lateral flow tests – on day 0 and 48hrs later if negative. The self-isolation period for those who test positive is 10 days. This period can be reduced if two consecutive LFD tests, undertaken 24hrs apart, after day 5 are negative and clinical improvement is noted as mentioned in the guidance.**
- Staff must wear appropriate PPE when providing personal care for **ALL RESIDENTS**.
- During an outbreak, to avoid the higher risk of transmission into other settings, please avoid movement of staff who provide direct care between establishments.
- In the event of an outbreak we would advise you consider closure of the home to new admissions. However, this is usually the care home manager's decision in discussion with their commissioners (and alerting the Clinical Commissioning Group (CCG) and local authority). Please keep <https://capacitytracker.com/> updated as per guidance from the CQC or your commissioners.

Care Home Visiting Guidance COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)

While we recommend reductions to non-essential indoor visiting during an outbreak in the care home please note the current national guidance above which recommends that every resident should have one indoor visitor even during an outbreak. If a visit does need to take place in these circumstances the visitor must be informed of the outbreak, and visits should only be undertaken following a risk assessment, and with the use of appropriate PPE under supervision of somebody trained in its use. Visits out by residents who are not cases can continue to take place during an outbreak provided a risk assessment is completed. Care homes do not need to go into 'lockdown' during an outbreak.

Essential care givers can continue to visit unless there are specific reasons not to do so.

When to contact the HPT

You do not need to let us know about every single new case. Many queries can be answered from published guidance, please ensure you have read the whole email, and where applicable the linked guidance, before contacting the HPT. However, if there are any significant increases in number of cases (or you are concerned the outbreak is not under control), hospitalisations of staff or residents due to suspected COVID, deaths, staffing difficulties due to numbers of staff isolating, press interest or difficulty in applying the outbreak control measures, please contact us on 0344 225 3861 or reply to this email.