Living with Covid Policy

Applies To: All Colleagues

Company Value(s) this relates to: Empowerment, Respect & Collaboration

Important Note: Critical Impact

Purpose of Policy

The Living with Covid Policy is an updated version of the original Covid-19 Policy and Visiting Policy. National Care Group (NCG) have reduced the risk rating following Government guidance. We will keep this policy under strict review and implement appropriate measures to keep the people we support, colleagues and other stakeholders safe.

Policy Statement

The policy reflects the current situation with COVID-19 and will be updated as the situation evolves. The latest information on COVID-19 is uploaded to the NCG Intranet.

Colleagues are required to regularly access the NCG Intranet to ensure they are briefed on any updated actions that may be relevant to them.

For the avoidance of doubt, the term NCG throughout the policy refers to the National Care Group and all constituent companies managed under the NCG operational management structure.

National Restrictions in Place: None

Regional Restrictions in Place: None

Guidance for living safely with Coronavirus: Coronavirus (COVID-19): how to stay safe and help prevent the spread | nidirect

IPS Guidance (England): COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)(updated 3rd April 2023)

Regent College, the Principal is required to review all local and national advice as applicable to the College and Ofsted and advise and act as appropriate.

Wales, the Senior Regional Operations Manager is the Public Health Wales lead and is required to review local and national advice as applicable to Welsh Regulations and advise and act as appropriate

Relevant Legislation

Underpinning knowledge - What have we used to ensure that the policy is current:

- COVID-19 (coronavirus) | HSC Public Health Agency (hscni.net)
- COVID-19 contacts: guidance for health and social care colleague [HTML] | GOV.WALES
- Author: World Health Organisation, (2020), Coronavirus disease (COVID-19) advice for the public. [Online] Available from: Advice for the public (who.int) [Accessed:26/08/22]
- Author: Public Health England, (2020), Guidance for social or community care and residential settings on COVID-19
- Author: Public Health Wales, Guidance to Prevent and manage Covid-19 within Care settings alongside other respiratory viruses during autumn/winter 2021-22 (version 4.8) – (updated guidance is due to be published for Winter 2022 in October 2022)

- Latest Covid data: UK Coronavirus Tracker (travellingtabby.com)

Required Action

In response to this policy all Managers are required to:

- Establish a process to check and confirm colleagues' understanding of the policy.
- Include discussion in colleague handovers when there is a change to guidance / policy or positive cases within the service.
- Display changes and impact in relevant places (e.g., office, colleague room, reception areas, kitchens)
- Ensure relevant colleagues are empowered to develop specific and personised processes to share policy changes.
- Check the NCG Intranet for updates.
- Read and circulate the Chief Executive and NCG update emails.

To meet the legal requirements of the regulated activities that NCG is registered to provide as follows:

- The Health Protection (Coronavirus) Regulations 2020
- Civil Contingencies Act of 2004
- Control of Substances Hazardous to Health Regulations 2002
- Equality Act of 2010
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act of1974
- Public Health (Wales) Act 2017
- The Regulated Services (Service Providers and Responsible Persons) Wales Regulations 2017
- The Regulation and Inspection of Social Care (Wales) Act 2016

Scope

The following roles may be affected by this policy:

- All colleagues

The following Stakeholders may be affected by this policy:

- People we support
- Colleagues
- Visitors
- Contractors
- Family
- Commissioners
- External health professionals
- Local Authority
- NHS
- External contractors
- Representatives for regulatory bodies (CIW / CQC / Ofsted)

On the 6th of May 2022 the UK Government issues further guidance on Living with Covid-19: COVID-19 Response: Living with COVID-19 - GOV.UK (www.gov.uk)

On the 3rd April 2023, the UK Government issued updated Covid-19 Infection Prevention and Control Resources for adult social care. COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)

NCG will continue to encourage people we support and colleagues to have vaccinations and boosters as recommended by the Government. This policy sets out our approach to keeping people safe as we all learn to live with Covid, and our primary focus returns to maximising life opportunities for the people we support.

NCG understands that it has a responsibility for ensuring that colleagues follow good infection control and prevention techniques and that they encourage people we support with this as well. NCG will ensure that colleagues have access to reliable information to reduce anxiety and dispel any myths and inaccurate information that may cause worry or distress to colleagues, supported persons, visitors or the wider public, this will be through the NCG Hub: COVID-19 Alerts (ncgintranet.com).

All colleagues are required to complete Infection Prevention training.

NCG held regular COVID Risk Committee meetings throughout the pandemic period to discuss policy requirement changes, changes in legislation, risks, people we support and colleague well-being and business impact. These meetings were suspended in May 2022 based on the Covid risk status with the agreement that they would be recommenced if the risk profile changes.

Vaccination

Vaccination remains a primary protection measure against both COVID-19 and flu, helping to reduce the risk of serious illness, hospitalisation and death.

The Joint Committee on Vaccination and Immunisation (JCVI) has provided final advice to government advising that an extra COVID-19 booster dose in spring 2023 should be offered to:

- adults aged 75 years and over
- people supported in a care home for older adults
- individuals aged 5 years and over who are immunosuppressed (as defined in tables 3 or 4 of the Green Book)

Everyone eligible for a COVID-19 vaccination can book their booster dose online via the national booking service or by phoning 119.

In addition, JCVI's interim advice remains that people at higher risk of severe COVID-19 are expected to be offered a booster vaccine dose in autumn 2023, in preparation for winter 2023 to 2024.

From 30 June 2023, the ongoing primary course vaccination offer will become more targeted, available during vaccination campaigns only for those at higher risk of severe outcomes from COVID-19. Those who have not received their primary course vaccination should be encouraged to come forward before this time to take up the offer before it closes.

Flu vaccination reduces the risk of co-infection with COVID-19 and flu, and is therefore an important defence against severe outcomes. Separate advice on flu vaccination is also available.

Personal protective equipment

Appropriate PPE should be worn by colleagues in all settings, as well as visitors to residential care settings, subject to a risk assessment of likely hazards such as the risk of exposure to blood and body fluids. The advice below provides guidance on the type of PPE that is recommended, to help protect colleagues and

people we support and prevent the transmission of infectious diseases, with particular advice regarding care of people suspected or confirmed to be COVID-19 positive.

For PPE to be effective, it is important to use it properly and follow instructions for putting it on (donning) and taking it off (doffing).

All used PPE should be disposed of appropriately according to the waste management section below.

When PPE is required then colleagues will undergo a competency assessment with their line manager on their use of personal protective equipment.

Gloves, aprons and eye protection

In addition to recommendations for standard precautions (for example, when there is a risk of contact with blood or body fluids), gloves and aprons should be worn when colleagues or the visitor is providing close care for a person who has suspected or confirmed COVID-19, or when cleaning their room. These should be removed and disposed of upon leaving the room or person we support's home.

In addition to recommendations for standard precautions, eye protection should be worn when providing close care to someone who has suspected or confirmed COVID-19, or when cleaning their room. Eye protection used in these circumstances should be removed after leaving the room, or home of the person we support.

Reusable eye protection should be cleaned and disinfected as per the manufacturer's instructions between use.

Face masks

Colleagues and visitors to care homes do not routinely need to wear a face mask at all times in care settings or when providing care in people's own homes. However there remain a number of circumstances where it is recommended that colleagues and visitors to care settings wear masks to minimise the risk of transmission of COVID-19. These are:

- if the person we support is known or suspected to have COVID-19 (colleagues & visitors are recommended to wear a Type IIR fluid-repellent surgical mask)
- if a Covid-19 outbreak has been identified within the home
- if the person supported would prefer colleagues or visitors to wear a mask while providing care or support to them.

NCG will also support the personal preferences of colleagues and visitors who wish to wear a mask.

Type IIR masks should always be worn if there is a risk of splashing of blood or body fluids.

If a risk assessment has determined that masks should be worn, other mitigations should be considered if a person finds their use distressing or their use is impairing communication. This may be appropriate when caring for people with learning disabilities, cognitive conditions such as dementia, or supporting individuals who rely on lip reading or facial recognition.

It may be appropriate in certain circumstances to consider transparent face masks, some of which could be considered for use as an alternative to type IIR surgical masks (see below for more detail).

Transparent face mask technical specification offers further guidance.

All face masks should:

- be well fitted to cover nose, mouth and chin
- be worn according to the manufacturer's recommendations (check which side should be close to the wearer)
- not be allowed to dangle around the neck at any time, or rest on the forehead or under the chin
- not be touched once put on
- be worn according to the risk-assessed activity
- be removed and disposed of appropriately, with the wearer cleaning their hands before removal and after disposal

Face masks should be changed:

- if they become moist
- if they become damaged
- if they become uncomfortable to wear
- if they become contaminated or soiled
- at break times
- between different care recipients
- between different people's homes
- after 4 hours of continuous wear

Type IIR face masks

Type IIR fluid-repellent surgical masks protect the wearer by providing a fluid repellent barrier between the wearer and the environment. This protects the wearer against blood or body fluid splashes and against the respiratory droplets of others reaching their mouth and nose. These masks also protect others from the wearer's respiratory droplets should they have asymptomatic COVID-19 infection. In addition to standard precautions, colleagues should wear a type IIR fluid-repellent surgical face mask when providing close care for people who are suspected or confirmed as having COVID-19 or when cleaning their rooms.

Type I and type II face masks

Type I and type II masks are not considered PPE and are worn to provide source control – that is, to protect others from the wearer's respiratory droplets should they have asymptomatic COVID-19 infection. These masks can be worn when universal masking is in effect, for example due to an outbreak, or due to a risk assessment or preference on the part of the colleague or the person we support. As they are not fluid repellent, they should not be worn for activities where there is a risk of splash of blood, body fluids or hazardous cleaning products, or when caring for a person with suspected or confirmed COVID-19.

Use of face masks for care 'sessions'

Sessional use of masks only applies when working in a communal setting, for example a care home, and caring for a cohort of people who are all suspected or confirmed to have COVID-19, or if 'universal masking' is in place, for example during an outbreak. After 4 hours, or after leaving the room (or cohorted area) of someone with suspected or confirmed COVID-19 (whichever is sooner) masks should be disposed of and hand hygiene performed before putting on a new mask (if required).

Aerosol-generating procedures (AGP)

An AGP is a medical procedure that can cause the release of virus particles from the respiratory tract and can increase the risk of airborne transmission to those in the immediate area. AGPs in the community

setting include tracheostomy procedures (insertion or removal) and open suctioning beyond the oro-pharynx.

Filtering face piece class 3 (FFP3) respirators are required when undertaking an AGP on a person with suspected or confirmed COVID-19 infection, or another infection spread by the airborne or droplet route. FFP3 respirators should be removed outside of the room where the AGP was carried out and disposed of.

The use of FFP3s is governed by health and safety regulations and they should be fit tested to the user to ensure the required protection is provided. The Health and Safety Executive (HSE) provides information and tools to help select and manage the use of respiratory protective equipment (RPE).

Colleagues should wear a type IIR mask when carrying out an AGP on someone who is not suspected or confirmed to have COVID-19 or another infection spread via airborne or droplet routes.

If undertaking an AGP in a person's own home, FFP3 respirators or face masks should be removed and disposed of when leaving the house.

Colleagues should wear gloves, aprons and eye protection when carrying out AGPs. Where there is an extensive risk of splashing, colleagues should wear fluid repellent gowns instead of aprons.

Certain other procedures or equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk for COVID-19. In care settings, procedures commonly undertaken which are not classified as AGPs include:

- non-invasive ventilation (NIV)
- bi-level positive airway pressure ventilation (BiPAP) and continuous positive airway pressure ventilation (CPAP)
- high flow nasal oxygen (HFNO)
- oral or pharyngeal suctioning (suctioning to clear mucus or saliva from the mouth)
- administration of humidified oxygen
- administration of Entonox or medication via nebulisation

PPE summary

In circumstances where universal masking (for source control) is in place, follow the recommendations for mask use in the tables and in addition wear a type I, II or IIR surgical mask for activities where the use of a mask is not normally recommended. See section on Use of face masks for care 'sessions' for guidance on sessional use of masks.

For the scenarios in Table 1, change PPE between tasks and between caring for different care recipients. Hand hygiene should be carried out before putting on and after removing PPE.

For people with an infectious illness other than COVID-19, follow the principles and any additional advice for the specific infection.

Table 1: PPE requirements when caring for a person not known or suspected to have COVID-19 (see Table 3 for aerosol generating procedures).

Activity	Face mask	Eye protection	Gloves	Apron
Social contact with clients, staff, visitors	No	No	No	No
Care or domestic task involving likely contact with blood or body fluids (giving personal care, handling soiled laundry, emptying a catheter or commode)	Risk assess – Type IIR if splashing likely	Risk assess if splashing likely	Yes	Yes
Tasks not involving contact with blood or body fluids (moving clean linen, tidying, giving medication, writing in care notes)	No	No	No	No
General cleaning with hazardous products (disinfectants or detergents)	Risk assess – Type IIR if splashing likely or if recommended by manufacturer of cleaning product	Risk assess or if recommended by manufacturer of cleaning product	Risk assess or if recommended by manufacturer of cleaning product	Risk assess or if recommended by manufacturer of cleaning product

Table 2: PPE requirements when caring for a person with suspected or confirmed COVID-19. For a list of symptoms, please see guidance on people with symptoms of a respiratory infection including COVID-19.

Masks and eye protection used while providing care for people with suspected or confirmed COVID-19, as listed in Table 2, should be removed on leaving the room or cohort area. Gloves and aprons may need to be changed between tasks, as per standard precautions, and should always be removed on leaving the room or cohort area. Hand hygiene should be carried out before putting on and after removing PPE.

Activity	Face mask	Eye protection	Gloves	Apron
Giving personal care to a person with suspected or confirmed COVID-19	Yes – Type IIR	Yes	Yes	Yes
General cleaning duties in the room where a person with suspected or confirmed COVID-19 is being kept away from others or cohorted (even if more than 2 metres away)	Yes – Type IIR	Yes	Yes	Yes
For tasks other than those listed above, when within 2 metres of a person with confirmed or suspected COVID-19	Yes – Type IIR	Yes	Risk assess (if contact with blood or body fluids likely)	Risk assess (if contact with blood or body fluids likely)

Table 3: PPE requirements when undertaking Aerosol Generating Procedures (AGP)

The PPE listed in Table 3 should be removed on leaving the room where the AGP was undertaken and before undertaking any other tasks or caring for any other care recipients. Hand hygiene should be carried out before putting on and after removing PPE.

Activity	Face mask	Eye protection	Gloves	Apron
Undertaking an AGP on a person who is not suspected or confirmed to have COVID-19 or another infection spread by the airborne or droplet route	Yes – Type IIR to be used for single task only	Yes	Yes	Yes (consider a fluid repellent gown if risk of extensive splashing)
Undertaking an AGP on a person who is suspected or confirmed to have COVID-19 or another infection spread by the airborne or droplet route	Yes – FFP3 RPE to be used for single task only	Yes – goggles or a visor should always be worn If there is a risk of contact with splash from blood or body fluids and the FFP3 is not fluid resistant this needs to be a full-face visor (which covers the eyes, nose and mouth area)	Yes	Yes (consider a fluid repellent gown if risk of extensive splashing)

Ventilation

Ventilation is an important IPC measure. Letting fresh air from outdoors into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19.

Rooms should be ventilated whenever possible with fresh air from outdoors after any visit from someone outside the setting, or if anyone in the home has suspected or confirmed COVID-19.

The comfort and wishes of the person receiving care should be considered in all circumstances, for example balancing with the need to keep people warm. Rooms may be able to be repurposed to maximise the use of well-ventilated spaces, which are particularly important for communal activities.

Further information regarding ventilation can be found in Infection prevention and control: resource for adult social care and guidance on the ventilation of indoor spaces.

Waste Management

In addition to standard precautions the following should be observed:

- in a nursing care home, waste generated when supporting a person with confirmed COVID-19 should enter the hazardous waste stream (usually an orange bag). Other care homes which have a hazardous waste stream should use it if available
- waste visibly contaminated with respiratory secretions (sputum, mucus) from a person suspected or confirmed to have COVID-19 should be disposed of into foot-operated lidded bins lined with a disposable waste bag
- if there is not access to a hazardous waste stream, such as waste generated in people's own homes, this should be sealed in a bin liner before disposal in the usual way

Covid Treatments for people at higher risk of severe outcomes

Individuals who are at higher risk of severe outcomes from COVID-19 may be eligible for COVID-19 treatments if they become unwell.

NCG's Managers should review the criteria to assess whether any people cared for are eligible for COVID-19 treatments. Refer to Treatments for COVID-19 for a list of people at highest risk and seek clinical advice from a GP or other professional as necessary.

Most eligible individuals should have received a 'pre-notification' letter or email (to the contact details specified in their GP record) to alert them that they have a condition, or are on a specific treatment, that may make them eligible should they have symptoms of and test positive for COVID-19.

Managers should support people who are potentially eligible for COVID-19 treatments. This includes ensuring there are enough tests stored on site for eligible individuals to test if they become symptomatic.

LFD tests should have been sent directly to people supported if they have been identified by the NHS as being in this group, to enable faster treatment of COVID-19 if they develop symptoms. More tests can be ordered from GOV.UK if required. In residential care homes, the existing stock of LFD tests can also be used. Each test kit will have an information leaflet enclosed which details how these kits should be stored and provides full testing and reporting instructions.

When reporting their result, it is important to provide the individual's NHS number and the postcode that is recorded with their GP, so that they can be identified as eligible for treatment. A phone number should also be provided so that they, or colleagues, can be contacted.

If positive for COVID-19, the person or care home will be contacted by a COVID-19 Medicines Delivery Unit (CMDU) clinician. The clinician will assess the person's eligibility, decide whether treatment is appropriate, and if so, which treatment might be most appropriate.

Early treatment is more effective. Most treatments have to be provided within 5 days of symptom onset, so timely reporting of test results is essential to identify and assess potentially eligible people within the treatment window.

If the individual is not contacted by a CMDU clinician within 24 hours of receiving their positive result, the service should contact their GP or call 111 who will refer them to a CMDU if they are potentially eligible.

Individuals who test positive may be asked to take a PCR test. The NHS team arranging treatment will explain how to get a PCR test. Any leftover PCR stocks in adult social care should not be used for this.

Colleagues or People Supported with symptoms of a respiratory infection, including Covid-19

Individuals who are eligible for COVID-19 treatments and who have symptoms of a respiratory infection should take an LFD test immediately and follow the guidance for people who are eligible for COVID-19 treatments.

If they have a high temperature or they feel unwell, they are advised to avoid contact with other people.

If the individual's test results are all negative, they can return to their normal activities if they do not have a temperature and they feel well enough to do so.

If they receive a positive test result, they should also follow the guidance in the section on Colleague or people supported with a positive COVID-19 test result. The test result should be reported via GOV.UK or by dialling 119 in order to generate a referral to a CMDU clinician.

Colleagues who have symptoms of a respiratory infection and are not eligible for Covid-19 treatments

Colleagues who have symptoms of a respiratory infection and who have a high temperature or do not feel well enough to go to work are advised to stay at home and avoid contact with other people. These colleagues members do not need to take an LFD test if they are symptomatic.

They should follow the guidance for people with guidance for people with symptoms of a respiratory infection including COVID-19.

Managers should undertake a risk assessment before colleagues return to work in line with normal return to work processes.

If these colleagues receive a positive LFD test result for COVID-19, regardless of whether they have symptoms, they should follow guidance outlined in Colleagues or people supported with a positive COVID-19 test result below.

People Supported in Care Homes who have symptoms of a respiratory infection and not eligible for Covid-19 treatments

People supported in care homes who have symptoms of a respiratory infection and who have a high temperature or do not feel well enough to do their usual activities are advised to avoid contact with other people. They should be supported to stay away from others until they no longer have a high temperature or no longer feel unwell. These people are not required to take an LFD test if they are symptomatic.

These people are able to have at least one visitor during this time, with appropriate IPC precautions. Refer to the section on Visiting arrangements in care homes.

People Supported in Care Homes who have symptoms of a respiratory infection and not eligible for Covid-19 treatments

People receiving care at home who have symptoms of a respiratory infection and who have a high temperature or do not feel well enough to do their usual activities should follow the guidance for people with symptoms of a respiratory infection. They should avoid contact with other people until they no longer have a high temperature or feel unwell. These individuals are not required to take an LFD test if they are symptomatic.

If 2 of more linked people we support in care homes develop symptoms of a respiratory infection within 14 days

During a suspected outbreak, there is no longer a need to test the whole home to identify COVID-19 cases.

Linked asymptomatic cases are no longer defined as outbreaks.

If 2 or more linked people we support in a care home develop symptoms of a respiratory infection within 14 days of each other, the first 5 people we support with symptoms should take a COVID-19 LFD test, whether or not they are eligible for COVID-19 treatments. After this, only people supported who are eligible for COVID-19 treatments should take an LFD test if they become symptomatic.

If an outbreak is identified, care homes should revert to the guidance for management of single cases 5 days after the last positive or symptomatic case.

Further LFD testing in an outbreak should only be done following an HPT risk assessment and on HPT advice in relation to specific concerns.

Refer to the section on Outbreaks in care homes for further information.

Colleagues who have a positive Covid-19 test result

Colleagues who test positive should stay away from work for a minimum of 5 days after the day they took the test.

After 5 days, colleagues can return to work once they feel well, and do not have a high temperature. If they are still displaying respiratory symptoms when they return to work, they should speak to their line manager who should undertake a risk assessment.

Although many people will no longer be infectious to others after 5 days, some people may be infectious to other people for up to 10 days from the start of their infection. Colleagues should be supported to avoid contact with people at higher risk from becoming seriously unwell from COVID-19 for up to 10 days after the day they took their test.

People Supported in a care home who have a positive Covid-19 test result

People supported in care homes who test positive should be supported to:

- stay away from others for a minimum of 5 days after the day they took the test
- access appropriate treatments as quickly as possible if they are eligible – refer to the section on COVID-19 treatments for people at higher risk of severe outcomes

- receive at least one visitor at a time with appropriate IPC precautions; one visitor at a time per person supported should always be able to visit inside the care home – this number can be flexible in the case that the visitor requires accompaniment (for example if they require support, or for a parent accompanying a child); this does not include visiting professionals – visitors should be advised before seeing a person supported that they have had a positive test and are advised to stay away from others; this can be done by the person supported or by the care home if they are not able to do this
- go into outdoor spaces within the care home grounds through a route where they are not in contact with other people supported
- avoid contact with other people who are eligible for COVID-19 treatments for 10 days after a positive test

The manager should also inform the person's GP of the positive test result.

After 5 days, the person supported can return to their normal activities if they feel well and no longer have a high temperature.

People who have tested positive for COVID-19 do not need to stay away from others for more than 10 days regardless of symptoms. Clinical advice should be sought as there may be other causes of continuing symptoms. Advice may be sought about period of staying away from others for people supported who are eligible for and/or have taken COVID-19 treatments.

If an individual eligible for COVID-19 treatments remains unwell after 10 days, service providers should consider keeping these individuals away from other people supported beyond 10 days. This is because there is a risk that the individual remains infectious. Providers should seek clinical advice on this from a GP, and health protection advice from the HPT or other local partner.

Pulse oximeters will be available to care homes through their named clinical lead, or local Integrated Care Board (ICB), as part of COVID oximetry at home. One oximeter per 10 beds with a minimum of 2 oximeters per home is recommended. Equipment which is used to support the monitoring of people supported will need to meet infection control and decontamination standards and guidance.

The Care Provider Alliance has produced guidance on COVID oximetry for people supported in a care home. Health Education England and West of England AHSN have also produced training and support for care home colleagues using pulse oximetry.

Care homes should have a weekly check-in with the home's Primary Care Network (PCN) or multidisciplinary team, who can support colleagues to understand the RESTORE2 and NEWS2 scoring system as a way of monitoring people supported with symptoms. If a patient's symptoms worsen, it is important to contact NHS 111 or the registered GP for a clinical assessment either by phone or face to face.

The person's GP should give further advice on escalation and ensuring decisions are made in the context of the person's advance care plan. In a medical emergency, the care home should dial 999.

People receiving care outside of care homes who test positive

People receiving care who test positive for COVID-19 and do not live in a care home should follow the guidance for people with a positive test result.

If a person receiving care has tested because they are eligible for COVID-19 treatments, guidance on COVID-19 treatments should be followed to access appropriate treatments as quickly as possible.

Individuals who are contacts of confirmed Covid-19 casses

Individuals do not need to be tested if they have been in contact with a case of COVID-19.

Individuals who are household/overnight contacts should follow guidance for the general public set out in guidance for people with symptoms of a respiratory infection including COVID-19.

Outbreaks in Care Homes

An outbreak consists of 2 or more positive or clinically suspected linked cases of COVID-19, within the same setting within a 14-day period. This means the cases are linked to each other and transmission within the care setting is likely to have occurred.

An outbreak may be suspected when there is an increase in the number of people supported displaying symptoms of a respiratory infection.

If an outbreak is suspected

The care home should undertake a risk assessment as soon as possible to determine if there is an outbreak and if control measures are needed. The provider should inform the HPT or other local partner of a suspected outbreak. However, they are not required to wait for advice from the HPT (or other relevant local partner) if they feel they are able to initiate the risk assessment independently.

The risk assessment can be undertaken directly by the care home provider using the expertise of relevant colleagues. Further support is also available from the local HPT (or other local partner according to local protocols) at the care home's request.

To inform the risk assessment, the first 5 linked symptomatic people supported should be tested using LFD tests irrespective of their eligibility for treatments. This is to determine if there are 2 or more linked cases of COVID-19 or another respiratory infection. After this, new cases do not require testing unless they are eligible for COVID-19 treatments, as set out above on when to test.

The risk assessment should determine if the cases are likely to have been the result of transmission within the care home, and if cases are therefore linked. In determining whether they are linked, the risk assessment should consider:

- whether there is a known source of infection
- whether there was contact between people supported while one or more individuals had suspected or confirmed COVID-19
- whether the first identified case originated in the setting, for example, if the person supported was in the setting up to 14 days prior to symptoms and/or a positive test

Cases would not be considered linked if:

- symptom onset was more than 14 days apart
- the person supported had no contact with each other in the last 14 days

If people supported are displaying symptoms of a respiratory infection and the LFD tests from the first 5 suspected cases are negative, consider:

- testing for other respiratory infections, such as flu
- further clinical assessment of the symptoms, if the people supported remain unwell

The care home can contact the HPT or other relevant local partner for advice on further measures, which may include wider testing if there are specific issues of concern. These include but are not limited to:

- greater severity than expected.
- more deaths or hospitalisations than expected
- rapidly increasing cases despite control measures
- a suspected outbreak of another illness alongside COVID-19
- a high proportion of people supported have been offered or accessed COVID-19 treatments during the outbreak

Wider outbreak testing should only be done if it is advised by the HPT or other local partner. The HPT may also provide advice if a variant of concern is suspected.

If an outbreak is identified

If the risk assessment determines that there are 2 or more linked positive cases of COVID-19 within the same setting within a 14-day period, additional measures to manage the outbreak should be considered, which may include:

- proportionate reductions in communal activities
- proportionate reductions in admissions which may include temporary closure of the home to further admissions
- restriction of movement of colleagues providing direct care to avoid risk of outbreaks spreading between different parts of settings (for example wings)
- proportionate changes to visiting. Some forms of visiting should continue for all people supported. One visitor at a time per person supported should always be able to visit inside the care home. This number can be flexible in the case that the visitor requires accompaniment (for example if they require support, or for a parent accompanying a child). End-of-life visiting should always be supported. There should be no restrictions on visits out for individuals who are not positive or symptomatic

Any measures that the care home chooses to implement must be proportionate, consider people's wellbeing, the care home's legal obligations, and be risk-based. The manager should ensure colleagues and people supported and their loved ones are informed of the outbreak and any relevant measures that have been implemented.

As noted above, where the local or national risk assessment indicates specific concerns, additional measures may be advised by the HPT or other local partner.

Outbreak measures can be lifted 5 days after the last suspected or confirmed case. This is from the day of the last positive test, or the day the last person supported became unwell, whichever is latest.

People should be monitored for up to a further 5 days after this to ensure they can access appropriate treatments where necessary.

Visiting arrangements in care homes

Contact with relatives and friends is fundamental to people supported's health and wellbeing and visiting should be supported. There should not normally be any restrictions to visits into or out of the care home. The right to private and family life is a human right protected in law (Article 8 of the European Convention on Human Rights).

It is important that any visitor follows the IPC processes put in place by the care home, such as practising hand hygiene and wearing appropriate personal protective equipment (PPE), as outlined in the section on PPE recommendations. Visitors should consider taking up any COVID-19 and flu vaccines they are eligible for.

Visitors should not enter the care home if they are feeling unwell, even if they have tested negative for COVID-19, are fully vaccinated and have received their booster. Transmissible viruses such as flu, respiratory syncytial virus (RSV) and norovirus can be just as dangerous to people supported as COVID-19. If visitors have symptoms that suggest COVID-19, they should follow the guidance for people with symptoms of a respiratory infection.

In the event of an outbreak of COVID-19, each person supported should (as a minimum) be able to have one visitor at a time inside the care home. This visitor does not need to be the same person throughout the outbreak. They do not need to be a family member and could be a volunteer or befriender. Additionally, end-of-life visiting should be supported in all circumstances.

Visits out should be facilitated wherever possible and there should not be any restrictions on visits out for individuals who are not symptomatic or who have not tested positive in any circumstance.

People supported in care homes should not usually be asked to avoid contact with others or to take a test following visits out of the care home.

Precautions for visitors

Care homes should ask visitors to follow the same PPE recommendations as care workers to ensure visits can happen safely. Additional requirements for face masks may be in place during a confirmed outbreak of COVID-19. This should be based on individual assessments, taking into account any distress caused to people or barriers to communication from the use of PPE.

In the event that visitors are being asked to wear face masks, children under the age of 11 who are visiting may choose whether or not to wear a face mask. However, they should be encouraged to follow other IPC measures such as practising hand hygiene. Face masks for children under the age of 3 are not recommended.

Health, social care and other professionals may need to visit people supported within care homes to provide services. Visiting professionals should follow the PPE recommendations as per other visitors.

Admissions into care homes

Individuals being discharged from hospital into a care home should be tested with a Covid-19 LFD test within 48 hours before planned discharge. The test should be provided and done by the hospital.

The result of the test should be shared with the individual and their key relatives or advocate. The relevant care should be provided within the hospital before the discharge takes place. Evidence of a negative LFD test result should be communicated by hospitals to care homes in writing within the usual communications provided at the time of discharging a patient to a care home.

Individuals who test positive for COVID-19 can be admitted to the care home if the home is satisfied they can be cared for safely. Individuals who are admitted with a positive test result should be kept away from other people supported on arrival and should follow the guidance on people supported in a care home who test positive for COVID-19.

Community admission

Individuals admitted from the community or other care settings do not need to be tested before they are admitted into the care home.

Ordering Tests

Residential care services, such supported living and care homes, may order LFD tests on an organisational basis to provide tests to those eligible for COVID-19 treatments. In addition, care homes will need LFD tests in case an outbreak is suspected .

Care homes are eligible to order tests as an organisation if they are regulated by the Care Quality Commission (CQC).

Supported living settings are eligible to order tests as an organisation if they meet at least one of the following criteria:

- the setting is a closed community with substantial facilities shared between multiple people
- it is a setting where the majority of people supported (more than 50%) receive the kind of personal care that is CQC-regulated (rather than help with cooking, cleaning and shopping)

Non-residential adult social care services should ensure individuals who are eligible for COVID-19 treatments are supported to access LFD tests where necessary. Tests can be accessed for individuals eligible for COVID-19 treatments via GOV.UK

Ordering for an organisation

This applies to care homes and supported living only.

UKHSA assigns all participating organisations a single Unique Organisation Number (UON).

A UON is an 8-digit number that is exclusive to an individual organisation. This can be used to log in to all online elements of the testing process.

The UON will be needed for:

- ordering test kits
- registering test kits
- contacting the national COVID-19 contact centre for support (dial 119)

To find out the UON for a service, use the online UON look-up page, or call 119.

Onboarding for testing in extra care and supported living

Use the self-referral portal to request a testing account. To do this, the manager should complete the following steps:

1. On the portal, where asked to enter the 'Referrer's Unique Organisation Number', enter 99874802 for extra care and supported living. The code only needs to be used once and it cannot be used to order test kits.
2. Complete the eligibility questions.
3. Enter the information for the setting, including delivery address and contact details.
4. Submit referral.

Once the referral is submitted, the following happens:

- the referral is sent to the local authority for approval
- the local authority assesses if the service meets the eligibility criteria, and approves or denies the referral request
- if eligible, the service is on-boarded onto the system and will be eligible to place an order for test kits
- a confirmation email will be sent to the email address registered on the self-referral portal once the service has been onboarded – and will include a UON to order test kits

Ordering test kits with a UON – applies to care homes and extra care and supported living only

To place an order for COVID-19 tests online apply, they will need:

- their UON
- total number of people supported eligible for COVID-19 treatments

Once an order has been placed, the service will receive a confirmatory email from organisation.coronavirus.testing@notifications.service.gov.uk

The testing coordinator will receive an email from organisation.coronavirus.testing@notifications.service.gov.uk when their test kits have been dispatched, informing them of their delivery date.

Test kits will be delivered to the address registered to the UON.

Call 119 for any questions about an order. If a service is close to running out of stock and requires an urgent and emergency delivery, they should also call 119.

Ordering as an individual

This route applies for anyone trying to order tests for individuals treatments in adult social care, that are not covered by organisations. These individuals should follow the order through the gov.uk portal.

Registering and reporting testing

Reporting the result of every test is encouraged, even if it is negative or void. Colleagues can register LFD tests individually, or managers can register them in bulk using the multiple upload spreadsheet. Where organisations have a UON, colleagues should report results using that UON.

Providers do not need to retain records of proof of registrations for LFDs.

Individuals in care homes and extra care and supported living services can use the Digital Reader for reading LFD test results as part of the self-report journey. This tool allows users to take a photo of their LFD and uses artificial intelligence to determine the result of the test. Research has shown that users can correctly identify more positive results using this technology than without it. For detailed information, download the Digital Reader guidebook.

Multiple registration spreadsheet

Only use the multiple upload spreadsheet to register up to 100 tests at a time.

Services will need to use separate record keeping spreadsheets for colleagues and people supported.

Once each test has been successfully registered, a confirmation email will be received. When receiving the test result email, this may not include the name of the person supported. Services should therefore retain a careful record of each test barcode and the name of the person supported.

Registering and reporting on behalf of others

If people supported cannot report their own LFD test result online:

- results can be reported on the individual's behalf
- the person reporting on behalf of the individual will need all test results and test strip ID numbers so that they can report results on their behalf
- make sure that any forms containing the tested person's personal details are deleted or destroyed as soon as you complete the online registration

If any individual cannot complete the online form and someone can't report the result on their behalf, they can call 119 and select option 1 to report their result.

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