



Department
of Health &
Social Care

Living with COVID-19 in Adult Social Care

Changes to COVID-19 measures in care homes

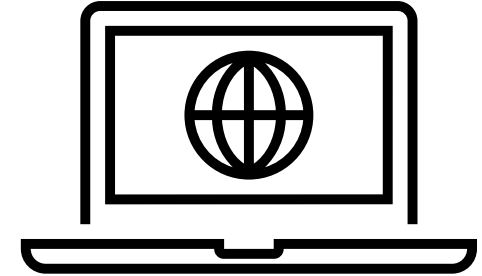
Chaired by Professor Deborah Sturdy OBE, Chief Nurse for Adult Social Care in England

6th April 2022

2:30-3:15pm

Webinar information

- Use Google Chrome browser if buffering
- This webinar is 45 minutes and will be recorded to watch again
- Use the chat box to ask questions. There will be time at the end to answer some questions
- An FAQ pack will be circulated after the webinar for future reference
- Closed captions can be turned on if needed and a written transcript of the session will also be available after the webinar

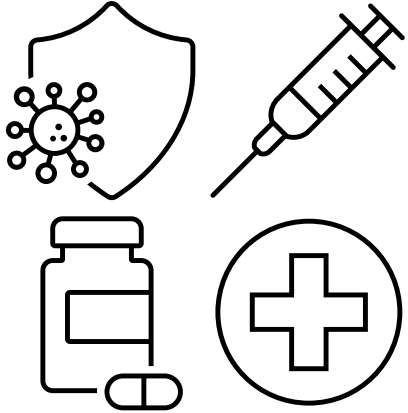


Introduction

- On 30th March, changes were announced to adult social care measures in line with the Living with COVID strategy published on 21st February. This plan had been developed for the Adult Social Care sector to balance the risk of Covid-19 to care homes, maintain protections for residents, and reduce as many restrictions as possible to the lives of staff and residents.
- This webinar will cover:
 - Living with Covid context
 - The key changes to care home guidance on IPC and testing
 - Continued importance of testing and IPC measures
 - Q&A session with the panel



Living with COVID-19



We are now able to review COVID-19 measures in care homes due to:

- ✓ **High vaccination rates**
- ✓ **Availability of COVID-19 therapeutics and treatments**
- ✓ **Reduced hospitalisations and mortality rate**

Our approach is designed to ensure:

- ✓ Continued protections informed by clinical advice
- ↓ Reduced burden on staff
- ↓ Reduced restrictions on residents and visitors
- ↑ Increased freedoms and enhanced resident wellbeing.

We will continue to keep the IPC guidance and testing regime under review as part of this approach.



Key Changes in Care Homes - Staff

	Old Guidance	New Guidance
Asymptomatic testing	Daily LFDs on days staff were working.	Twice weekly LFDs , 3-4 days apart before they begin work. This is for periods of higher prevalence and further information will be provided when this changes
Symptomatic testing	PCR	Two LFDs , taken 48 hours apart. The second LFD is only for those who test negative on their first LFD test. Staff should not come into work if they are symptomatic and should conduct testing at home. If either test is positive, staff should follow the guidance for a positive staff member.
Rapid response testing	No rapid response testing due to daily testing	Daily LFDs for five days after one or more positive cases found in the home. This is not extended if further positives are found within the five days.
Outbreak testing	PCR and LFD on day 0/1, PCR and LFD between day 4 and 7, PCR to confirm end of outbreak (at least 10 days after last positive or last person to become symptomatic)	Unchanged
Staff movement	Staff movement should be minimised	No restrictions on staff movement needed
PPE	Staff should use FFP3 respirator masks whenever carrying out an aerosol generating procedure (AGP)	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. Differentiation between PPE recommended when caring for people who have suspected/ confirmed COVID, and those who do not. Further detail in the Summary of changes to COVID-19 guidance for adult social care providers



Key Changes in Care Homes - Residents

	Old Guidance	New Guidance
Asymptomatic testing	Monthly PCR	No asymptomatic testing
Symptomatic testing	PCR	Two LFDs taken 48 hours apart. Residents should isolate between tests. The second LFD is only needed if the first is negative. If either test is positive, staff should follow the guidance for a positive staff member.
Outbreak testing	PCR and LFD on day 0/1, PCR and LFD between day 4 and 7, PCR to confirm end of outbreak (at least 10 days after last positive or last person to become symptomatic)	Unchanged
Designated settings	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 homes are now able to admit new residents discharged from hospital who have tested positive for COVID-19 and designated settings have been removed
Self isolation	Care home residents should self-isolate within the care home if they test positive, or they have been discharged from a hospital location in active outbreak, following emergency admission into hospital, or if a contact of a positive case	Most isolation guidance for care home residents has been removed. Residents only need to isolate if they are positive or have been discharged from a location in hospital that is in an active outbreak.



Key Changes in Care Homes – Visiting

	Old guidance	New guidance
Visitors to care homes	All visitors should test before visiting	Most visitors will not be required to test before entering the care home. Only visitors providing personal care should test before visiting , no more than twice a week
NHS & CQC Inspectors visiting care homes	NHS staff should show a negative test within last 72 hours. CQC inspectors should test every time they are in a care home	NHS unchanged. CQC inspector should test before their inspection, up to a maximum of twice a week if they are in a care home two or more times a week
Other visiting professionals (VPs)	VPs should be tested using an LFD on the door of the first care home they visit that day	Most VPs will not be required to test before entering the care home. Only VPs providing personal care should test before visiting , no more than twice a week
Resident isolation after a visit out	Residents should self-isolate following high-risk visits out of the care home (including emergency hospital stays)	Residents no longer need to isolate in this circumstance



Continued importance of testing and IPC measures



Vaccination

As many people as possible getting vaccinated and boosted



PPE

Maintaining PPE adherence to keep people safe



Testing

Continued symptomatic and asymptomatic testing to identify positive cases



Acting on results

Isolating/ staying away upon a positive test result, following rapid response/ outbreak protocols, and/or obtaining therapeutics



Outbreak measures

Alerting HPTs and following outbreak measures to prevent further transmission



Visiting

Ensuring residents can have at least one visitor – even if isolating or in outbreak



Q&A

