

## **Information to Care Homes regarding COVID testing in outbreaks and regular testing**

### **Background**

Based on SAGE and Public Health England (PHE) advice and the recent Vivaldi research study into COVID-19 in care homes, the DHSC have developed the next stages in the testing strategy for adult social care, comprising two parts:

1. Increased testing in outbreaks
2. Regular routine testing of care home residents & staff

### **Increased testing in outbreaks**

The care home **MUST** inform HPT as soon as a resident is identified as having or potentially symptoms of COVID-19 by contacting Public Health England (PHE) Health Protection Team (HPT):

- **In hours: 0344 225 3861 option 3**
- **Out of hours: 0844 967 0069**

If following a public health risk assessment by Public Health England HPT an outbreak is suspected they will order a batch of tests for rapid testing of the **whole home i.e. residents and staff, whether symptomatic or not.**

**PHE will arrange** repeat testing on day 4 – 7 for all staff and residents who initially tested negative to reduce the false negative risk.

Re-testing after 28 days from the last suspected case will then be provided to confirm if an outbreak has ended [digital portal](#).

### **Retesting in care homes without outbreaks**

**From 6 July** onwards there will be a roll out of weekly testing of staff and testing of residents every 28 days in all care homes without outbreaks through Pillar 2. Bank, agency and visiting staff such as social workers and Allied Health Professionals working in care homes should be included in the weekly staff tests in care homes. Retesting helps to prevent and control outbreaks in care homes and means steps can be taken to reduce the spread of the virus.

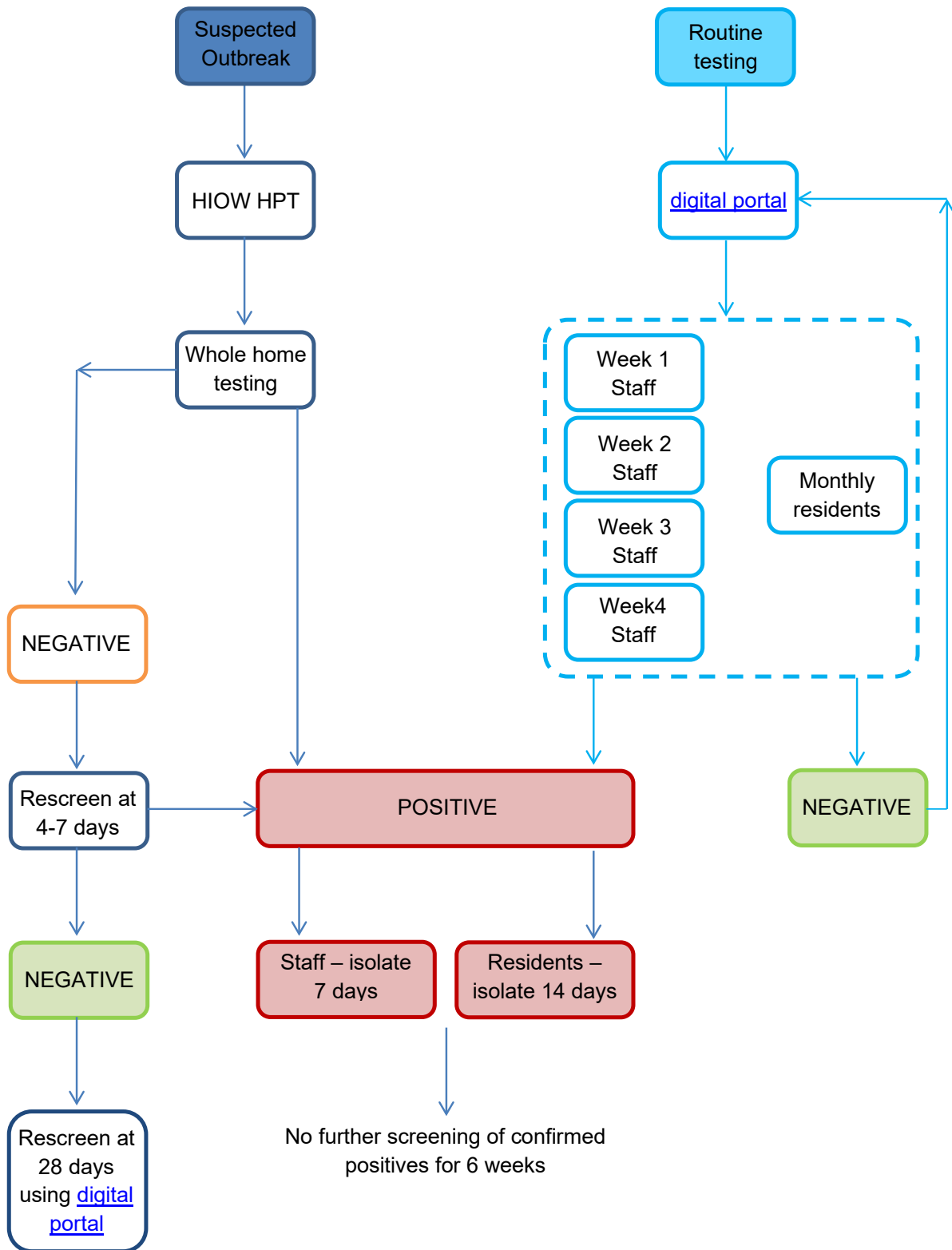
Based on advice from SAGE, the evidence from the initial round of whole home testing and the results of the Vivaldi surveillance survey it has identified a balanced approach to ensuring staff who are potentially more exposed to the virus with the fact that regular testing can be difficult and distressing for some residents.

Care Homes for the over 65's and those for people with dementia will be first as they were the first to receive whole home testing.

The digital portal can be accessed here <https://www.gov.uk/apply-coronavirus-test-care-home> **YOU MUST RE-REGISTER ON THE PORTAL**

It continues to be important that all care homes complete the Capacity Tracker and update it daily. Including entering any new information on test results, information reported to them of any further cases notified by staff who are not at work but tested in the community or advised they need to self-isolate (e.g. through NHS Test & Trace programme).

## Testing pathways



## **Q&A**

### **How does whole home testing apply to those who may not have the mental capacity to consent to a COVID-19 swab?**

All decisions about whether to test a resident who lacks the capacity to consent should be made on an individual basis, considering the benefits and risks to the person. The DHSC have provided guidance and further information can be found on this webinar.

### **How do I manage staff who refuse to be tested for COVID-19?**

Staff do not have to agree to be tested for COVID-19 and no member of staff should or can be compelled to have a test. However, all staff have a duty of care to their residents and ethically should take reasonable steps to protect the people they care for. Recent studies indicate that staff (and particularly regular use of agency staff and those working across sites) are likely to be a major risk factor driving transmission within care home settings and 1.2% of staff without symptoms of COVID-19 tested positive during the last round of testing. Homes should work with staff to ensure they understand the reasons for weekly testing and ensure that staff who are required to isolate receive their full salary.

### **Do I need to swab staff or residents who have previously had a confirmed COVID-19 positive test result?**

There is no national guidance on this issue. Swabbing a member of staff or resident who has had COVID-19 (confirmed) in the last 6 weeks is likely to produce a positive test result. This is because the current swab test looks for fragments of COVID-19 virus, but it does not distinguish between virus that is live (viable) or dead (inactive). Fragments of dead COVID-19 virus (inactive) can be recovered from a person's nose for around 5-6 weeks following infection. Where the person is well, this does not mean your staff member or resident still has COVID-19 or is an infection risk to others.

We would advise that any asymptomatic member of staff or resident who has previously been COVID-19 positive (confirmed by swab) is NOT tested as part of routine testing for 6 weeks after first positive swab. Testing within this time period may result in staff and resident's being unnecessarily isolated.

### **What do I do if a staff member or resident tests positive, but they are already suspected to have had COVID-19 (not confirmed by a previous test)?**

It is not possible to distinguish between current asymptomatic infection and a false positive test due to a previous infection (where the previous infection was not confirmed using a COVID-19 test). In this situation, the staff member or resident must be managed as though they have active COVID-19 and isolated for the required period of time.

### **How will the new screening programme impact track and trace?**

Routine testing is likely to identify a number of COVID-19 positive staff members and residents and these cases will be subject to test and trace.

It is critical that all homes follow the guidance contained in How to Work Safely in Care Homes to reduce the risk to residents from the spread of COVID-19 and also avoid unnecessary staff isolation.

**In summary:**

- When providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) OR within 2 metres of a resident who is coughing = disposable gloves, apron and fluid resistant surgical facemask (+/- eye protection by risk assessment)
- When performing a task requiring you to be within 2 metres of resident(s) but no direct contact with resident(s) (i.e. no touching) = fluid resistant surgical facemask (+/- eye protection by risk assessment)
- When working in communal areas with residents- no direct contact with resident(s) though potentially within 2 metres of resident(s) = fluid resistant surgical facemask

It is vitally important that all staff continue to follow social distancing of 2 meters or at least 1 meter plus precautions. This includes socially distancing from each other as well as residents and not taking breaks together or sharing offices in close proximity without wearing face-coverings. It also includes not sharing cars to work where possible and wearing face masks whilst working in communal areas.

Official Statistics Vivaldi 1: COVID-19 care homes study report Published 3 July 2020

<https://www.gov.uk/government/publications/vivaldi-1-coronavirus-covid-19-care-homes-study-report/vivaldi-1-covid-19-care-homes-study-report>

Coronavirus (COVID-19): guidance <https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>