

**BY EMAIL**

To: Residential Care Home and Nursing  
Home Managers and Hospice Directors

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)

29<sup>th</sup> February 2024

Dear Care Home Manager/Hospice Director,

**UPDATE COVID-19 TESTING ARRANGEMENTS IN CARE HOMES AND  
HOSPICES 29 FEBRUARY 2024**

Whilst the care home and hospice sector across Northern Ireland continues to experience fluctuating trends in the number of outbreaks of respiratory illness, in recent months the outbreaks have become more limited in number, size and severity. This welcome trend is also seen in the much lower rates of mortality and morbidity associated with outbreaks.

As we continue to live with COVID-19, we have reviewed our guidance on testing for COVID-19 in care home and hospices. This letter sets out the updated guidance for COVID-19 testing in care homes and hospices and provides new information on how to order LFD tests.

The letter covers the following areas:

- A. Circumstances where testing is no longer required
- B. Use of testing for an individual symptomatic resident/patient for clinical management purposes - including eligibility for COVID-19 specialist drug treatments
- C. Outbreak management including Infection Prevention Control (IPC) measures and arrangements for reporting and monitoring
- D. Ordering new supplies of LFT tests

## **A. Circumstances where testing is no longer required (new guidance)**

1. Testing is no longer required should a single care home resident or hospice patient develop respiratory symptoms UNLESS they are eligible for COVID-19 specialist drug treatments. Please refer to section B of this letter for advice on testing for residents who are eligible for these treatments.
2. Asymptomatic individuals being admitted from a community setting to a care home for a permanent placement or respite or, hospice setting for symptom management/end of life care do not need to take a test before admission.
3. Routine COVID-19 testing of asymptomatic patients who are being discharged from hospital to a care home/hospice is no longer required.
4. Staff who are unwell with a respiratory illness and who are unfit to perform their usual duties should contact their line manager and aim to reduce contact with others who would be particularly vulnerable should they contract a respiratory infection.

There is no requirement for staff to test when they have a respiratory illness to determine the cause of their illness, **unless** they are eligible for COVID-19 treatments or when testing is recommended as part of outbreak management. Staff do not need to test before returning to work after a period of sick leave due to a respiratory illness and can return to work once symptoms have resolved.

5. Care homes/hospices should continue to adhere to strict infection prevention and control (IPC) measures. Detailed advice and guidance may be found here [PHA Infection Control | \(niinfectioncontrolmanual.net\)](https://www.niinfectioncontrolmanual.net)

Special attention should continue to be focused on key aspects including handwashing, respiratory hygiene and the use of personal protective equipment including gloves and aprons.

## **B. Testing for an individual symptomatic resident/hospice patient**

6. Should a single resident or patient develop respiratory symptoms, testing is no longer required UNLESS they are eligible for COVID-19 treatments. There are treatments available for those who are at greatest risk of developing serious illness should they contract COVID-19. Further information on the treatments and who is eligible is available using this link [Treatments for coronavirus \(COVID-19\) | nidirect](#)

7. Any symptomatic care home resident or hospice patient who may be eligible for COVID-19 specialist drug treatments should have an LFD test.
8. The care home should contact the resident's GP if they are unsure if the resident meets the criteria for COVID-19 specialist drug treatment. If they are eligible and the test is positive, the GP may then refer the resident to their local Trust who will undertake a further assessment.
9. The hospice palliative medicine consultant will assess and manage hospice patients who meet the criteria for COVID-19 specialist drug treatment.
10. Some of the treatments may require intravenous administration. In the case of a care home resident this would have to be undertaken in a hospital setting. In line with best practice, a discussion should take place with the resident where possible, and their families and carers, on the benefits and risks of a hospital transfer.
11. All residents/patients who have symptoms of respiratory illness should be encouraged to isolate for five days or until fully recovered. They can continue to receive visitors, who should be advised of the infection and supported with appropriate IPC measures should they still wish to visit.

### **C Outbreak management including Infection Prevention Control (IPC) measures and reporting/monitoring**

12. An outbreak of respiratory illness is declared when there are two or more cases of flu like illness occurring among staff and/or residents in the care home/hospice within a 14-day period. As per current guidance, please contact the Health Protection Duty Room (HPDR) on 0300 555 0119 for advice should you suspect an outbreak.

The level of response to an outbreak will be based on the HPDR risk assessment which will include a rapid review of the care home/hospice's own risk assessment and mitigation measures.

13. When an outbreak has been declared, LFT & PCR testing of the five most recently symptomatic residents will be advised by HPDR. These swabs should be sent to the local Trust laboratory for onward referral to Regional Virology Lab. The Acute Respiratory Illness (ARI) form should be completed and sent to HPDR.
14. Testing of all residents/patients or staff is no longer recommended during an outbreak.

15. Additional cases matching the outbreak case definition do not need to be tested once the pathogen (infection cause) is identified. However, all residents/patients with symptoms should be encouraged to isolate for a minimum of five days or until they have recovered from their acute illness. Visiting can continue with strict IPC measures and the HPDR will provide further information on this.
16. Additional testing should only be carried out under the direction of the HPDR or a clinician to support clinical management of residents, patients or staff.

#### *Antiviral medication (for influenza)*

17. If influenza is suspected or detected within your care home the HPDR may request antiviral medication for your residents. You will receive direction from the duty team regarding antiviral medication & whether testing is recommended in these circumstances.

#### *Infection Prevention & Control (IPC) measures*

18. Detailed advice on IPC measures recommended during an outbreak of respiratory illness may be found in the PHA IPC manual.

[PHA Infection Control | \(niinfectioncontrolmanual.net\)](http://niinfectioncontrolmanual.net)

There is an expectation that all care homes/hospices hold appropriate levels of PPE in support of good IPC, including gloves masks and aprons.

#### *Cohorting of residents or hospice patients*

19. Where there are shared bedrooms or bathrooms and/or multiple cases, cohorting (grouping) of residents/patients into those affected and those unaffected should be considered.

Grouping residents/patients may make care easier and may reduce the risk of spread to unaffected residents/patients.

#### *Care Routines*

20. If cohorting of staff, residents/patients and equipment is not possible, perform all tasks e.g. care rounds, in following order:
  - i. Unaffected residents/patients
  - ii. Resident/patient contacts
  - iii. Symptomatic residents/patients

iv. Confirmed residents/patients

It is important that staff adhere to all IPC guidance including changing PPE between residents/patients. When moving from one resident/patient to another, or from one group of cohorted residents/patients to another, all equipment should be cleaned.

*Reporting and monitoring during outbreak*

21. On suspicion of an outbreak, you should contact the HPDR. If your care home/hospice is declared by the PHA to be in outbreak, you will be sent a link to a daily reporting form. In order to ensure that the Duty Room can effectively monitor the outbreak in your home please ensure that:

- The same link is used for the duration of your outbreak;
- An updated daily reporting form is submitted by 12md each day unless otherwise advised by the HPDR.

**Please contact the health protection duty room for advice if your home experiences any of the following:**

- Two or more hospitalisations due to respiratory illness;
- One or more deaths of care home residents/hospice patients due to respiratory illness (regardless of the place of death e.g. hospital);
- >20% residents/patients symptomatic at any stage of outbreak in the affected unit;
- Significant concerns not addressed by guidance.

It is not necessary to phone the HPDR to report additional cases during an outbreak – these numbers should be included on the daily reporting form.


**D. Ordering new supplies of LFT tests**

22. From 29th February care homes/hospices will no longer be able to place an order for tests via the usual route of the OLT Channel via Salesforce. Instead, care homes/hospices who require LFDs will be able to access these via the Pharmacy Collect scheme which is operational in the vast majority of community pharmacies. LFT supplies can be obtained either by ordering at the same time as patients' medication or by calling into the pharmacy to collect.
23. The PHA will continue to monitor the impact of infectious disease across the care home/hospice sector and will work closely with care

homes/hospices to manage and mitigate any risks and ensure the ongoing safety of residents and staff.

24. We would also like to take this opportunity to sincerely thank care home and hospice staff across Northern Ireland for their ongoing commitment and dedication to providing the very best care possible to their residents and patients.

Yours sincerely



**Dr Joanne McClean**  
**Director of Public Health**



**Mrs Heather Reid**  
**Director of Nursing, Midwifery & AHPs**

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