

Updated Care Home COVID-19 Isolation Guidance Northern Ireland – 3 February 2022

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Recommended COVID-19 Isolation Guidance for Care Homes

3rd Feb 2022

Introduction:

The COVID-19 pandemic has undoubtedly, disproportionately affected people living in care home settings ([1](#), [2](#), [3](#), [4](#)). It has been estimated that up to 30% of covid-19 deaths across 25 countries are from care home residents, despite care home residents only making up 1% of the world's population ([1](#)).

As wider community guidance across both NI and the other UK nations relaxes as a result of the successful booster roll out, and keeping in mind the established and accessible support now in place for care home settings, we have made the following recommendations for updates to the care home isolation guidance. These changes are also in line with recently updated national ['Infection prevention control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022'](#) guidance (*updated on 17/01/2022*). These updates and in turn, our proposals, have taken into account the now dominant Omicron variant and the encouraging data demonstrating sustained levels of protection against severe disease, seen in triple vaccinated persons.

The current [evidence](#) (*published 07/01/2022*), shows that a booster dose continues to provide high levels of protection against severe disease in older adults, three months after primary course of vaccination. A 90% protection against hospitalisation was seen in the triple vaccinated over 65s, compared to a 70% protection against severe disease, in the double vaccinated. These figures then dropped to 50% protection after 6 months in the double vaccinated over 65s.

One of the key updates contained in the jointly issued ['Infection prevention and control' guidance](#) was the recommendation that inpatient isolation periods for both COVID-19 cases and contacts, was reduced from 14 to 10 days in the majority of cases. Those exempt from these changes included persons categorised as 'severely immunocompromised' (*see 'Supplementary guidance to support risk assessment' section for further details*) who would still require a 14 day period of isolation. This update has been mirrored in our recommendations below.

Principles:

The following principles are applied to the design and implementation of these proposed updates:

- **Safely Balancing Risks of Harm** – Ongoing risk of transmission of COVID-19 remains, this risk needs to be balanced against risk to mental wellbeing with ongoing restrictions and isolation requirements
- **Maintaining Wellbeing** - Decisions should focus on supporting, protecting and restoring wellbeing of residents and their loved ones, in line with residents' care needs
- **Respect for Human Rights** Isolation guidance should take into account the European Convention on Human Rights (ECHR), and in particular Article 8, which provides a right to respect for private and family life. Whilst it is important that any isolation policies take account of the evolving evidence about the harm posed from the virus, these need to be carefully balanced with the evidence about the negative impact of isolation on health and wellbeing of residents. These policies need to be justified and proportionate.
- **Responsibility** - Everyone, including residents, staff, care partners and family members, have a responsibility to follow any advice and guidance, and to take action to help our Care Homes stay safe.

Monitoring change in policy:

Using a number of key indicators, this guidance will be regularly reviewed. Any updates to this guidance will be communicated to care home management.

OVERVIEW OF UPDATED CARE HOME COVID-19 ISOLATION GUIDANCE – Feb 2022:

PLEASE NOTE THAT THIS CHART IS A SUMMARY OF THE DEFINING FEATURES OF THE NEW GUIDANCE ONLY.

PLEASE REFER TO APPENDIX A FOR FULL SCENARIO BASED GUIDANCE.

DEFINING FEATURE(S)	SITUATION DETAILS	TESTING & ISOLATION REQUIREMENTS
Suspected or confirmed close contact / exposure to a confirmed COVID-19 case or symptomatic person + Asymptomatic	Relevant to the following scenarios: <ul style="list-style-type: none">- Admission to Care Home from own home / community- Discharges from hospital to Care Home- Residents returning from short visits out of Care Home- Residents returning from overnight stays out of the Care Home- Residents returning from Outpatient appointments- Residents returning from A&E attendances	Isolate resident & follow the relevant guidance below. Vaccinated residents: <ul style="list-style-type: none">- If testing feasible: 3 consecutive negative LFD tests on days 4, 5 and 6 post exposure event (day 0) to stand down isolation from day 6- If testing not feasible: Isolate for 10 days Unvaccinated: <ul style="list-style-type: none">- If testing feasible: 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0) to stand down isolation from day 8- If testing not feasible: Isolate for 10 days <i>If residents are being newly admitted to the facility, the decision to admit will be a dynamic risk assessment undertaken by the admitting home.</i> <i>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</i> <i>See Appendix A for full list of scenarios & details.</i>

<p>No suspected or confirmed close contact / exposure to a confirmed COVID-19 case or symptomatic person</p> <p>+</p> <p>Asymptomatic</p>	<p>Relevant to all above scenarios except A&E attendances</p>	<p>No isolation or testing.</p> <p>All A&E attendances should be treated as 'suspected or confirmed close contact / exposure to a confirmed COVID-19 case or symptomatic person', unless care home certain of no exposure.</p> <p><i>See Appendix A for full list of scenarios & details.</i></p>
<p>Symptomatic</p> <p>+</p> <p>Close contact / exposure not relevant</p>	<p>Relevant to all above scenarios</p> <p>+</p> <p>Includes residents who have previously tested positive for COVID-19 within 90 days</p>	<p>All residents should get a PCR test & isolate until the result is returned.</p> <p>A positive result following new symptoms should be treated as a new infection even in those residents who have tested COVID-19 positive within the last 90 days.</p> <p>Follow relevant guidance based on PCR result.</p> <p><i>See Appendix A for full list of scenarios & details.</i></p>
<p>Symptomatic</p> <p>+</p> <p>Negative PCR</p> <p>+</p> <p>Close contact / exposure not relevant</p>	<p>Relevant to all above scenarios</p>	<p>If negative PCR result is returned, but a strong suspicion remains that the individual could be COVID-19 positive, a second PCR should be sought.</p> <p>If this is also negative, clinical assessment by GP or other clinician should determine potential alternative diagnoses.</p> <p>If clinician feels COVID-19 is likely despite negative PCR tests, then treat as COVID-19 positive. Otherwise manage as per alternative diagnosis.</p>

		See Appendix A for full list of scenarios & details.
Positive COVID-19 test + Symptomatic or asymptomatic + Close contact / exposure not relevant	Relevant to above scenarios	<p>Vaccinated & unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart, this applies up to day 10. - Once 10 days of self-isolation are complete and the resident is fever free for 48 hours they can leave self-isolation without needing further testing. <p>If testing not feasible: Isolate for 10 days</p> <p><i>Residents may still be admitted to care homes provided the home has the ability to effectively isolate the resident.</i></p> <p><i>Isolation periods can be split between care home & hospital facilities only.</i></p> <p><i>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</i></p> <p><i>Ultimately the decision to admit a positive resident will be a dynamic risk assessment undertaken by the admitting home, in discussion with the resident & their family.</i></p> <p>See Appendix A for full details.</p>

Supplementary Guidance to Support Risk Assessment

Exposure/Close Contact Definition:

Any suspected (with reasonable degree of certainty or suspicion) or confirmed exposure/close contact with COVID positive or symptomatic persons will require the resident to undertake the following steps depending on their vaccination status and the feasibility of testing:

Vaccinated residents:

- If testing feasible: 3 consecutive negative LFD tests on days 4, 5 and 6 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required.
- If testing not feasible: Isolate for 10 days

Unvaccinated:

- If testing feasible: 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required
- If testing not feasible: Isolate for 10 day

With reference to resident vaccination status, please note the following definitions:

- Fully vaccinated: a primary course (either 2 primary doses or three primary doses if resident is immunocompromised) plus a booster dose
- Unvaccinated / partially vaccinated: zero doses, incomplete primary course or only a primary course and no booster dose

Close Contact Definitions:

The definitions of close contacts used across wider population are as follows:

- <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts>

A close contact can be:

- anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19

OR

- anyone who has had any of the following types of contact with someone who has tested positive for COVID-19 with a PCR test:
 - face-to-face contact including being coughed on or having a face-to-face conversation within one metre
 - skin-to-skin physical contact for any length of time
 - been within one metre for one minute or longer without face-to-face contact
 - sexual contacts
 - been within two metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
 - travelled in the same vehicle or a plane

In the event that exposure/close contact with COVID positive or symptomatic persons occurs within 10 days prior to admission i.e. for respite, the care home could consider if admission could be safely delayed until 10 days post exposure to positive case Further information can be found in Appendix A.

With the overall wellbeing of the individual and family being taken into account and if the admission cannot be delayed, care home should risk assess if isolation facilities are available within the home in order to proceed with admission and allow the individual to complete their isolation period in the care home.

Care Partners:

Care partners should continue to be allowed to attend during the period of a resident's isolation even if the resident subsequently tests positive for COVID-19, **provided they adhere to all care home infection prevention and control measures, including participation in staff testing and use of PPE.** This is also provided that the **care partner is informed of the resident's positive result or close contact status and that they are happy to attend.**

New COVID-19 Symptoms:

If at any point a resident develops new COVID-19 symptoms in any of the above situations, they should self-isolate and have a PCR test. Any positive PCR test results should be reported to the PHA Duty Room on 0300 555 0119. This can be done Monday-Sunday 9-5pm unless urgent.

LFD Testing:

All visitors to care homes, including Care partners, are strongly encouraged to participate in twice weekly LFD testing as well as pre-arrival LFD testing on the day of their visit.

The same would also be encouraged of family and friends who are with the resident for trips outside the home, including overnight stays, this should include a test on the day of the visit/trip.

Please note anyone who has had a positive COVID-19 test in last 90 days should not have a LFD test within 21 days of their initial positive result, after this regular LFD testing can recommence.

Additional COVID-19 Isolation Guidance for residents who test positive for COVID-19 and are Severely Immunocompromised:

The following information has been adapted from the [*'Infection prevention control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022'*](#) guidance.

It is possible for severely immunocompromised individuals to remain infectious for prolonged periods, even if they do not display any symptoms of COVID-19. The isolation period for these individuals should be a minimum of 14 days.

In severely immunocompromised individuals, resolution of symptoms should not be used as a marker of decreased infectiousness and these individuals should be isolated until they return a negative PCR test. Staff should strictly adhere to recommended IPC measures throughout the isolation period.

Severely immunocompromised individuals can end their isolation after a single negative PCR test result taken no earlier than 14 days after the onset of symptoms (or their first positive COVID-19 test, if they do not have any symptoms).

For additional details and definitions, please see the following pages:

- [COVID-19: guidance for people whose immune system means they are at higher risk](#)
- [NI Direct COVID-19: guidance for 'clinically extremely vulnerable' and 'vulnerable' people](#)
- [The Green Book: COVID-19, Chapter 14a](#)

APPENDIX A – FULL SCENARIO BASED COVID-19 ISOLATION GUIDANCE

To help inform Care Home Risk Assessment

- 1. Discharge from a hospital stay**
- 2. Attendance at a healthcare appointment**
- 3. Attendance at Emergency Department which does not result in an admission**
- 4. Admission to home from community – own home/other care home either for long term admission or respite/short stay**
- 5. Trips out of the home**
- 6. Overnight stays in private homes**
- 7. Resident has had a positive COVID-19 test in the preceding 90 days: All scenarios**

1. DISCHARGES FROM HOSPITAL STAY

TEST RESULT	SITUATION AND EXPOSURE	SYMPTOM STATUS	REQUIREMENTS INCLUDING ISOLATION
<p>Proof of a negative PCR (or equivalent such as SAMBA II/NAAT test) taken up to 48 hours prior to discharge.</p> <p>Lumira Dx test on day of discharge is also acceptable. If positive Lumira DX result is returned, then a confirmatory PCR test must be sought.</p>	<p>Low-to-no risk of exposure/close contact with COVID positive or symptomatic persons</p>	Asymptomatic	No isolation required on return to the care home regardless of vaccination status.
<p>Negative pre-discharge PCR/SAMBA II/NAAT, 48 hours prior to discharge</p> <p>Or</p> <p>A negative Lumira Dx on day of discharge.</p>	<p>Suspected or confirmed exposure/close contact</p> <p><i>See supplementary guidance below on how to determine exposure/close contact.</i></p>	Asymptomatic	<p>Vaccinated residents:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 4, 5 and 6 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0) to

			<p>stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required.</p> <ul style="list-style-type: none"> - If testing not feasible: Isolate for 10 days <p><i>Note: This guidance is reflective of updated isolation policy implanted in England. (26/01/2022)</i></p> <p>Care Partners can continue during this time provided the care partner adheres to care home's IPC and PPE guidance at visits, and is aware of the residents close contact status and is happy to attend.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
PCR test taken 48 hours prior to discharge is newly positive	Close contact / exposure with COVID positive or symptomatic persons not relevant.	Symptomatic or asymptomatic	<p>The resident may still be discharged to care home provided the home has the ability to effectively isolate the resident.</p> <p>The isolation period can be split between hospital and care home settings.</p> <p>Vaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p>

			<ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p><i>Note: This guidance is reflective of updated isolation policy implanted in England. (26/01/2022)</i></p> <p>If the positive resident has a care partner, they can continue to attend during the resident's isolation period, provided they adhere to all IPC and PPE guidance. They should be made aware of the resident's diagnosis so they can make an informed decision on whether or not to attend the home.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
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2. ATTENDANCE AT A HEALTHCARE APPOINTMENT

TEST RESULT	SITUATION AND EXPOSURE	SYMPTOM STATUS	REQUIREMENTS INCLUDING ISOLATION
n/a	No suspected exposure/close contact with COVID positive or symptomatic persons. <i>See supplementary guidance below on how to determine exposure/close contact.</i>	Asymptomatic	No isolation required, regardless of vaccination status.
n/a	Suspected or confirmed (by the hospital) exposure/close contact <i>See supplementary guidance below on how to determine exposure/close contact.</i>	Asymptomatic	<p>Vaccinated residents:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 4, 5 and 6 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to

			<p>day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required.</p> <ul style="list-style-type: none"> - If testing not feasible: Isolate for 10 days <p>Care Partners can attend during this time provided they are adhering to care home's IPC and PPE guidance at visits, also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
n/a	Close contact / exposure with COVID positive or symptomatic persons not relevant.	Symptomatic	<p>Resident will require a PCR test if newly symptomatic irrespective of whether there is suspected or confirmed exposure. <u>They should isolate if symptomatic, until their test result is known.</u> (<i>Repeat if negative, if still negative then clinical judgment of alternative cause, types of symptoms & then other DDx;</i>)</p> <p>If positive PCR result is returned, follow the relevant guidance below:</p> <p>Vaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p>

			<ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>If negative PCR result is returned, but a strong suspicion remains that the individual could be COVID-19 positive, a second PCR should be sought. If this is also negative, clinical assessment by GP or other clinician should determine potential alternative diagnoses.</p> <p>If clinician feels COVID-19 is likely despite negative PCR tests, then treat as COVID-19 positive. Otherwise manage as per alternative diagnosis.</p> <p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised vulnerable please see full guidance below. A 14 day isolation period will generally be required.</p>
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3. ATTENDANCE AT EMERGENCY DEPARTMENT WHICH DOES NOT RESULT IN AN ADMISSION

TEST RESULT	SITUATION AND EXPOSURE	SYMPTOM STATUS	REQUIREMENTS INCLUDING ISOLATION
n/a	Given the increased risk of transmission when attending ED's, all residents who return to the care home following a visit to ED should be treated as a suspected close contact of COVID-19.	Asymptomatic	<p>Vaccinated residents:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 4, 5 and 6 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 days - If the care home are certain that there has been no exposure and the resident is asymptomatic then no isolation required. Otherwise follow guidance above.

			<p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
n/a	Close contact / exposure with COVID positive or symptomatic persons not relevant.	Symptomatic	<p>Resident will require a PCR test if newly symptomatic irrespective of whether there is suspected or confirmed exposure. They should isolate if symptomatic, until their test result is known.</p> <p>If positive PCR result is returned, follow the relevant guidance below:</p> <p>Vaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>If negative PCR result is returned, but a strong suspicion remains that the individual could be COVID-19 positive, a second PCR should be sought. If this is also negative,</p>

			<p>clinical assessment by GP or other clinician should determine potential alternative diagnoses. If clinician feels COVID-19 is likely despite negative PCR tests, then treat as COVID-19 positive. Otherwise manage as per alternative diagnosis.</p> <p>Care Partners can visit during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend for visiting.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
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4. ADMISSION TO HOME FROM COMMUNITY - OWN HOME/OTHER CARE HOME EITHER FOR LONG TERM ADMISSION OR RESPITE/SHORT STAY

TEST RESULT	SITUATION AND EXPOSURE	SYMPTOM STATUS	REQUIREMENTS INCLUDING ISOLATION
Negative PCR test no more than 48 hours prior to admission	Being admitted from another Care Home and no suspected exposure / close contact with COVID positive or symptomatic persons	Asymptomatic	No isolation on admission to the home regardless of vaccination status.
PCR test no more than 48 hours prior to admission - result not available	Being admitted from another Care Home and no suspected exposure / close contact with COVID positive or symptomatic persons	Asymptomatic	<p>New care homes can still admit a new resident in the absence of a PCR test result provided they have adequate isolation facilities; however the resident should be treated as a positive case until PCR result known.</p> <p>New care homes to risk assess with the current care home, resident and their family to decide whether to proceed as above or delay admission until negative PCR result.</p>
PCR taken by new care home – result not available	Being admitted from own home and no suspected exposure / close contact with COVID positive or symptomatic persons	Asymptomatic	<p>New care homes can still admit a new resident in the absence of a PCR test result provided they have adequate isolation facilities; however the resident should be treated as a positive case until PCR result known.</p> <p>New care homes to risk assess with the resident and their family to decide whether to proceed as above or delay admission until negative PCR result.</p>

<p>Negative PCR test no more than 48 hours prior to admission</p>	<p>Admission from another care home or own home and exposure /close contact is suspected or confirmed with COVID positive or symptomatic persons</p>	<p>Asymptomatic</p>	<p>Vaccinated residents:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 4, 5 and 6 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 days <p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
<p>Positive PCR test</p>	<p>Admission from another care home or own home and no</p>	<p>Asymptomatic or symptomatic</p>	<p>The resident may still be discharged to their new care home provided this home has the ability to effectively isolate the resident. This will involve a risk assessment</p>

	<p>exposure / close contact is suspected or confirmed with COVID positive or symptomatic persons</p> <p>Note: PHA is not advising transfers between homes that are experiencing an outbreak of COVID-19, this is also outlined in PHA's outbreak guidance for care homes.</p> <p>However in the circumstance of care home in extremis ie severe staffing shortages, a transfer of a positive resident may be required.</p>		<p>undertaken by the receiving home in discussion with the resident, their family & the current home if appropriate.</p> <p>This isolation period can be split between care home or hospital settings only.</p> <p>Vaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
Negative PCR test no more than 48 hours prior to admission or result not yet back	Admission from another care home or own home. Close contact / exposure	Symptomatic	The resident may still be discharged from their current care home to their new care home provided this home has the ability to effectively isolate the resident. This will involve a risk assessment undertaken by the receiving home in

	<p>with COVID positive or symptomatic persons not relevant.</p>	<p>discussion with the current home, the resident & their family.</p> <p>The resident must be isolated until the PCR result is returned.</p> <p>Similarly the resident can be transferred from their own home to the care home, provided this home has the ability to effectively isolate the resident. This will involve a risk assessment undertaken by the receiving home in discussion with the resident & their family.</p> <p>If the resident returns a positive PCR test, isolation guidance as above should be followed depending on vaccination status.</p> <p>The isolation period can be split between care home or hospital settings only.</p> <p>If negative PCR result is returned, but a strong suspicion remains that the individual could be COVID-19 positive, a second PCR should be sought. If this is also negative, clinical assessment by GP or other clinician should determine potential alternative diagnoses.</p> <p>If clinician feels COVID-19 is likely despite negative PCR tests, then treat as COVID-19 positive. Otherwise manage as per alternative diagnosis.</p> <p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed</p>
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			<p>of the residents close contact status and are happy to attend</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
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5. TRIPS OUT OF THE HOME

TEST RESULT	SITUATION AND EXPOSURE	SYMPTOM STATUS	REQUIREMENTS INCLUDING ISOLATION
n/a	No suspected or confirmed exposure/ close contact with COVID positive or symptomatic persons	Asymptomatic	No isolation on return to the care home regardless of vaccination status.
n/a	Suspected or confirmed exposure/ close contact with COVID positive or symptomatic persons	Asymptomatic	<p>Vaccinated residents:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 4, 5 and 6 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 day

			<p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
n/a	Close contact / exposure with COVID positive or symptomatic persons not relevant.	Symptomatic	<p>Resident will require a PCR test if newly symptomatic irrespective of whether there is suspected or confirmed exposure. They should isolate if symptomatic, until their test result is known.</p> <p>If positive PCR result is returned, follow the relevant guidance below:</p> <p>Vaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>If negative PCR result is returned, but a strong suspicion remains that the individual could be COVID-19 positive, a second PCR should be sought. If this is also negative,</p>

			<p>clinical assessment by GP or other clinician should determine potential alternative diagnoses. If clinician feels COVID-19 is likely despite negative PCR tests, then treat as COVID-19 positive. Otherwise manage as per alternative diagnosis.</p> <p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
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6. OVERNIGHT STAYS IN PRIVATE HOMES

TEST RESULT	SITUATION AND EXPOSURE	SYMPTOM STATUS	REQUIREMENTS INCLUDING ISOLATION
n/a	No suspected or confirmed exposure/ close contact with COVID positive or symptomatic persons	Asymptomatic	No isolation on return to the care home regardless of vaccination status.
n/a	Suspected or confirmed exposure/ close contact with COVID positive or symptomatic persons	Asymptomatic	<p>Vaccinated residents:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 4, 5 and 6 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. - If testing not feasible: Isolate for 10 day

			<p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
n/a	Close contact / exposure with COVID positive or symptomatic persons not relevant.	Symptomatic	<p>Resident will require a PCR test if newly symptomatic irrespective of whether there is suspected or confirmed exposure. They should isolate if symptomatic, until their test result is known.</p> <p>If positive PCR result is returned, follow the relevant guidance below: Vaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>If negative PCR result is returned, but a strong suspicion remains that the individual could be COVID-19 positive, a second PCR should be sought. If this is also negative,</p>

			<p>clinical assessment by GP or other clinician should determine potential alternative diagnoses. If clinician feels COVID-19 is likely despite negative PCR tests, then treat as COVID-19 positive. Otherwise manage as per alternative diagnosis.</p> <p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
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7. RESIDENT HAS HAD A POSITIVE COVID-19 TEST IN THE PRECEDING 90 DAYS: ALL SCENARIOS

TEST RESULT	SITUATION AND EXPOSURE	SYMPTOM STATUS	REQUIREMENTS INCLUDING ISOLATION
Resident has had a positive test in the preceding 90 days	<p>Low-to-no risk of exposure/close contact with COVID positive or symptomatic persons.</p> <p>Admission required to care home from hospital, own home or another care home.</p> <p><i>See supplementary guidance below on how to determine exposure/close contact.</i></p>	No new symptoms	Pre-discharge/pre-admission PCR test not required. No isolation on admission to the care home provided asymptomatic.
Resident has had a positive test in the preceding 90 days	<p>Suspected or confirmed exposure/close contact</p> <p><i>See supplementary guidance below on how to determine exposure/close contact.</i></p>	No new symptoms	<p>Routine LFD testing should not take place until 21 days post positive COVID test.</p> <p>Vaccinated residents:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 4, 5 and 6 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required.

			<ul style="list-style-type: none"> - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0) to stand down isolation. Isolation to continue until 3 consecutive negative LFD tests are obtained, up to day 10. Once 10 days of self-isolation has been completed, resident can leave self-isolation without further testing required. <p>.</p> <p>If symptomatic, then resident will require a PCR test. If this is positive, then treat as a new infection.</p> <p>For residents who are severely immunocompromised please see full guidance below. A 14 day isolation period will generally be required.</p>
Resident has had a positive test in the preceding 90 days	Confirmed or no suspected exposure / close contact with COVID positive or symptomatic persons	Symptomatic	<p>All residents will require a PCR test if newly symptomatic irrespective of whether there is suspected or confirmed exposure and even if they have had a PCR positive result in the last 90 days. They should isolate if symptomatic, until their test result is known.</p> <p>Follow relevant guidance above, dependent on result.</p> <p>Resident will require a PCR test if newly symptomatic irrespective of whether there is suspected or confirmed exposure. They should isolate if symptomatic, until their test result is known.</p> <p>If positive PCR result is returned, follow the relevant guidance below:</p>

			<p>Vaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>Unvaccinated:</p> <ul style="list-style-type: none"> - If testing feasible: Daily LFD testing from day 5 following diagnosis to stand down isolation if 2 consecutive negative tests received 24 hours apart. - If testing not feasible: Isolate for 10 days <p>Care Partners can attend during this time provided they are adhering to Care Home's IPC and PPE guidance at visits; also provided that the care partner has been informed of the residents close contact status and are happy to attend.</p> <p>For residents who are severely immunocompromised vulnerable please see full guidance below. A 14 day isolation period will generally be required</p>
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