

**BY EMAIL**Care Home Managers

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Dear Care Home Manager

### FURTHER UPDATE TO COVID-19 TESTING ARRANGEMENTS FOR CARE HOMES

A letter containing 'UPDATED ASYMPTOMATIC COVID-19 TESTING ARRANGEMENTS FOR CARE HOMES FROM MONDAY 25 APRIL 2022' was sent to all care homes in Northern Ireland on 22 April 2022. A summary of key changes is provided in annex 1 for ease of reference.

This letter provides further guidance for care homes on:

- A. The management and testing of residents and staff working in care homes who have COVID-19 symptoms;
- B. The management of residents and staff working in care homes who test positive for COVID-19;
- C. The management of staff working in care homes who are close contacts of COVID-19;
- D. Testing when positive cases have been identified in a care home but outbreak not declared (Rapid Response Testing);
- E. Testing during an outbreak in a care home;
- F. Support for logistical arrangements for testing in care homes;
- G. The use of asymptomatic testing with lateral flow tests for visitors to hospitals and clinical settings.

Note: Guidance for care home staff also applies to care partners.

# A. The management of residents and staff working in care homes who have COVID-19 symptoms

- The three main symptoms of COVID identified throughout the pandemic are cough, temperature and loss of smell and taste. These symptoms are often not present in care home residents therefore care home staff should continue to have a low threshold for suspecting COVID-19 in any resident who appears unwell.
- 2. Residents with symptoms suggestive of COVID-19 should <u>isolate</u> and take a PCR and a lateral flow device (LFD) test immediately. This guidance supersedes that issued on 22 April 2022. If either test is positive the resident should isolate in line with current guidance (paragraph 4).

If the LFD test is negative, continue to isolate and await PCR result. If PCR test is also negative, there is no need to isolate unless a strong suspicion remains that the individual could be COVID-19 positive. In such cases a second PCR should be sought. If this is also negative, a clinical assessment by the resident's GP should be sought to determine any 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.

3. Staff members who have COVID-19 symptoms should take a lateral flow test at the onset of symptoms (day 0) and take a further LFD test 48 hours later (day 2) if the first test is negative. A PCR test is no longer required. If symptoms begin at home (off-duty), they should not attend work while awaiting both lateral flow test results. If symptoms begin at work, they should inform their line manager and return home as soon as possible.

## B. The management of residents and staff working in care homes who test positive for COVID-19

- 4. Residents who test positive for COVID-19 can leave self-isolation from day 6 provided they:
  - o have completed 5 full days of isolation;
  - are apyrexic for past 48 hours;

- have a negative LFD result on day 5 and another negative LFD
   24 hours later on day 6;
- If either of the day 5 or 6 tests are positive, LFD tests should continue to be completed every 24 hours up to day 10. Isolation may be discontinued once 2 successive tests are negative or the full period of isolation has been completed (i.e. 10 days);
- If testing is not feasible for the resident, they should isolate for 10 days
- Residents who are immunocompromised are normally required to isolate for 14 days.
   <a href="https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk">https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk</a>
- 5. Guidance below (paragraphs 6-15) for care home staff who test positive for COVID-19 supersedes testing and isolation guidance issued on 24<sup>th</sup> January.
- 6. Care home staff who test positive can leave self-isolation and return to work on day 6 after completing 5 full days of isolation providing the following requirements are met (paragraph 7-13):
- 7. The staff member should have a negative LFD test on day 5 and 24 hours later on day 6 after the date that symptoms started or the date of their initial positive test, whichever is the sooner;
- 8. If the staff member following return to work has a positive LFD test result between day 6 and 10 they must isolate and should not attend work. Staff should only end their self-isolation following 2 consecutive negative LFD tests (which should be taken at least 24 hours apart);
- 9. They should not have a temperature and should be medically fit.
- 10. They should continue to undertake daily LFD tests until day 10 (if working with residents whose <u>immune system means that they may be at higher risk of serious illness despite vaccination</u>
- 11. On days the staff member is working, the LFD test should be taken prior to beginning their shift, as close as possible to the start time.

- 12. The staff member must continue to comply with all relevant infection control precautions throughout the day.
- 13. If the staff member works with the most clinically vulnerable residents (as determined by the care home), a risk assessment should be undertaken, and consideration given to redeployment of the returning staff member for the remainder of the original 10 day isolation period.
- 14. The likelihood of a positive LFD in the absence of symptoms after 10 days is low. Staff members who test positive at day 10 should take a daily LFD test on days 11 14 until they get a single negative result. After day 10 they can return to work immediately following a single negative result. If the staff member works with patients whose immune system means that they are at higher risk of serious illness despite vaccination, a risk assessment should be undertaken.
- 15. The likelihood who of а person is well and immunocompromised, being infectious after 14 days is very low. If the staff member's LFD test result is still positive on the 14th day, they can stop testing and return to work on day 15. If the staff member works with patients whose immune system means that they are at higher risk of serious illness despite vaccination, a risk assessment should be undertaken.
- 16. All positive COVID-19 tests should continue to be notified to the PHA Health Protection Duty Room (HPDR) at PHA.DutyRoom@hscni.net
- 17. Please also remember to ensure that any positive LFD test results are registered at Report a COVID-19 rapid lateral flow test result GOV.UK (www.gov.uk), in order for anyone eligible for antiviral treatment to be identified.

### C. The management of staff working in care homes who are close contacts of COVID-19

- 18. This guidance supersedes all previous guidance on the management of care home workers who are close contacts of COVID-19.
- 19. Contact tracing of community close contacts ceased on 22 April 2022. Since 22 April, contact tracing has focused on providing appropriate public advice and guidance to positive cases and their household members. People who live in the same household as someone with COVID-19 or who have stayed overnight in the same house as the case are at the highest risk of becoming infected.
- 20. Care home staff who are a household or overnight contact of a case of COVID-19 and who have direct contact with residents, are advised to take additional steps before and during their return to the workplace. This guidance applies to both vaccinated and unvaccinated staff.
- 21. Care home staff who are a household or overnight contact should take an LFD test as soon as possible after being identified as a household or overnight contact. If this is negative and they do not have any symptoms they should speak to their care home manager who should undertake a risk assessment before they return to work. They should then re-commence twice weekly regular testing 48 hours after the negative LFD referenced above. This means they should take a total of three LFD tests in the 7 day period following identification as a household or overnight contact. If they develop symptoms they should isolate and take an LFD test.
- 22. Whilst they are attending work, staff must continue to comply rigorously with all relevant infection control precautions.

Note: Guidance on the management of residents who are close contacts of COVID-19 will be issued separately

# D. Testing for Positive Cases in Care Home but outbreak not declared (Rapid Response Testing)

- 23. If one or more positive cases (staff or resident) are found in a care home contact the HPDR who will support a risk assessment.
- 24. If the cases are not linked to transmission in the care home and an outbreak is NOT declared, then all staff on duty should be asked to take a LFD test every day for the next 5 days.
- 25. The 5 day testing period aims to identify any other positive cases in the care home and should commence once the first positive case has been identified. The test period does not normally need to be extended if no further positives are found within the 5 days. Routine twice weekly asymptomatic staff testing should continue. If further cases are identified during the 5 days, discuss with the HPDR.
- 26. Only the staff working in the setting over the rapid response testing period need to be tested; those not working during this period do not need to be tested. You should not bring people into work to get tested on their non-working days.

### E. Testing during an outbreak in a care home

- 27. An outbreak consists of 2, or more, positive (or clinically suspected) <u>linked</u> cases (staff or residents) of COVID-19 that occur in the care home within a 14-day period.
- Testing asymptomatic staff and residents in an outbreak scenario
- 28. If the HPDR declares an outbreak, all asymptomatic staff and residents should take an LFD test **AND** a PCR test on day 0 of the outbreak and another LFD test and PCR test between days 4 and 7 (Whole Home Testing WHT).
- 29. The LFD testing will allow care homes to identify and isolate infectious cases immediately whilst awaiting PCR results, therefore reducing the risk of the virus spreading. Both tests are needed because in the early stages of an outbreak, only a small proportion

of individuals are likely to be positive among asymptomatic residents and staff.

- Testing symptomatic staff and residents in an outbreak scenario
- 30. If any staff or residents have symptoms at any stage, symptomatic testing guidance should be followed as per section A.
- 31. In addition to the outbreak testing scenarios above, all staff on duty should take a LFD test prior to starting their shift for 5 days from day 0 of when the outbreak was declared.
- 32. After the first week of outbreak testing has been completed, staff should continue regular twice-weekly asymptomatic LFD testing.
- 33. Once there have been at least 10 days with no new COVID-19 cases or newly symptomatic individuals linked to the outbreak, a round of whole home testing (WHT) should be undertaken. All staff and residents (who have not tested positive in the last 90 days) should be tested with a PCR test, no earlier than 10 days after the last resident or staff member had a positive test result or showed COVID-19 symptoms.
- 34. If there are no positive PCR results from the WHT, the HPDR will advise that terminal cleaning can commence.
- 35. If there are further positive results from the WHT, then the HPDR will advise that outbreak restrictions should continue. A further round of WHT will be required again no earlier than 10 days after the last resident or staff member had a positive test result or showed COVID-19 symptoms before the outbreak can be closed.

### F. Support for logistical arrangements for testing in care homes;

- Asymptomatic testing using LFDs where no outbreak declared
- 36. Care Homes should continue to use the Salesforce channel to place orders for LFD test kits to support asymptomatic testing.

- 37. The type of LFD test kit issued may vary depending on available supplies and regional procurement. Salesforce will dispatch new test kits without the need for care homes to order these specifically. Care should be taken to ensure instructions for use are followed which may vary between LFD tests.
- 38. Care homes should continue to use the LFD test kits that they have within expiry dates.

#### Symptomatic testing using PCR where no outbreak declared

39. PCR testing (for symptomatic residents whose LFD tests are negative) to remain in Pillar 1.

#### Outbreak declared

- 40. Outbreak testing for care homes will move from Pillar 1 to Pillar 2.
- 41. Arrangements are underway to ensure all care homes can order and maintain sufficient stocks of PCR and LFD test kits to undertake whole home testing in the event of an COVID-19 outbreak.
- 42. In the interim, any care home that does not have sufficient stocks of PCR test kits to enable them to initiate whole home testing should contact 119 to seek an emergency supply.
- 43. Care homes should also book couriers via 119.
- 44. Please note that post box return is not available at bank holiday or weekends.
- 45. All questions related to testing logistics should be directed to <u>119</u> in the first instance.

### G. The use of asymptomatic testing with lateral flow tests for visitors

46. The Chief Medical Officer wrote to care homes on 15 June 2021 advising that LFD testing programme had been extended for all asymptomatic visitors to care homes in Northern Ireland as an additional mitigation to enhance safety and to support visiting to care homes. This testing is in addition to continued adherence to the full suite of public health measures already in place in these settings – including for example Personal Protective Equipment (PPE), social distancing, good hand hygiene, and other robust infection prevention and control (IPC) measures.

47. Whilst optional for visitors, twice weekly testing should continue to be promoted.

48. To report an LFD test result visitors should visit https://www.gov.uk/report-covid19-result or alternatively phone 119 (free from mobiles and landlines) from 7am to 11pm.

49. Visitors can order LFD testing tests kits online for free delivery to their home at: https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests; or can collect from a community pharmacy if they do not have symptoms of COVID-19.

The PHA Care Home Isolation Guidance dated 3 February 2022 is currently under review; this guidance document will be updated and reissued to care home providers in due course.

Thank you for your continuing support.

Yours sincerely

Bound Ansall

**Dr Brid Farrell** 

**Deputy Director of Public Health** 

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SPPG Chief Executive
HSC Trust Chief Executives
RQIA Chief Executive

# **Annex 1** Excerpt from guidance for care homes issued 22 April 2022

# 'UPDATED ASYMPTOMATIC COVID-19 TESTING ARRANGEMENTS FOR CARE HOMES FROM MONDAY 25 APRIL 2022'

Group	Current Guidance	New Guidance effective from Monday 25 April 2022
Care Home Residents	Monthly PCR testing.	No regular programme of asymptomatic testing for residents.
Permanent Care Home Staff	Weekly Polymerase Chain Reaction (PCR) testing.  Lateral Flow Device (LFD) testing pre shift.	Testing Pattern: LFD testing to be undertaken twice weekly.  LFD tests should be taken 3 to 4 days apart, pre shift. If a member of staff is only working 2 days per week, they should take a LFD test on these days before beginning work.
		Test Type: SureScreen nasal only test kits.
Agency Staff	LFD test before commencing each shift in any new home (if moving between homes).  LFD testing pre shift, same as permanent staff.	Testing Pattern: Should follow the same testing pattern as care home staff if working in a single care home for an extended period of time.  LFD test before commencing each shift in any new home if moving between homes.
		Test Type: SureScreen nasal only test

Group	Current Guidance	New Guidance effective from
		Monday 25 April 2022
		kits.
Nominated Care	Weekly PCR testing.	Testing Pattern: Should follow the same
Partners	LFD testing pre visit.	testing pattern as care home staff.
		Test Type: SureScreen nasal only test kits.
Visitors	LFD test minimum twice weekly.	Testing Pattern: Should undertake twice weekly LFD testing.
		Test Type:
		Orient Gene or ACON
		Flowflex nasal only test kits.
Visiting	LFD test before visiting a	Testing Pattern:
Professionals	care home (1 LFD test per	Should undertake twice
(HSC and	day).	weekly LFD testing.
non-HSC)		Test Type:
		Orient Gene or ACON
		Flowflex nasal only test kits.