

BY EMAIL
Care Home Managers

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Dear Care Home manager

COVID-19 Isolation & Testing Guidance for Care homes, 27 July 2022

The following letter outlines updates to isolation & testing guidance for care homes for the following situations:

- A. Management of staff working in care homes who have symptoms of a respiratory infection including COVID-19;
- B. Isolation and testing of residents in care homes who are close contacts of COVID-19;
- C. Testing of residents prior to admission to care homes from community settings either for permanent or short stays including shared care and respite.

For ease of reference, Table 1 at the end of this letter sets out where testing and isolation pathways for care homes have changed and where existing testing guidance remains.

A. Management of staff working in care homes who have symptoms of a respiratory infection including COVID-19

- 1 The clinical presentation and symptoms of COVID-19 have changed significantly since the start of the pandemic. The three cardinal symptoms associated with COVID-19 - cough,

temperature and loss of smell and taste - were the symptoms that best predicted that an individual had COVID-19 at earlier stages in the pandemic, although we have always advised that there were other symptoms of COVID-19. Currently, the most common symptoms of COVID-19 are similar to other respiratory viruses such as flu and include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

- 2 Staff members who have symptoms of a respiratory infection such as COVID-19 should take a lateral flow device (LFD) test at the onset of symptoms. A PCR test is not required.
- 3 If the result of this LFD test is positive for COVID-19, they should follow the advice for staff members who receive a positive test result for COVID-19 issued in a letter dated [5 May 2022](#).
- 4 If the first LFD test result is negative, staff members can attend work if they are **clinically well enough to do so and do not have a high temperature**. Staff working in resident facing roles or whose work regularly brings them into resident areas, should speak to their line manager who should undertake a risk assessment before they return to work. If the staff member works with [residents whose immune system means that they are at higher risk of serious illness](#) despite vaccination, this should be considered in the risk assessment.
- 5 It is important to note that someone with a negative COVID-19 test result may still have a respiratory virus infection which can spread and cause illness in others. Even with a negative COVID-19 test result, public health advice continues to be that individuals with a high temperature or who have respiratory symptoms and do not

feel well enough to go to work or carry out normal activities, are strongly advised to stay at home and minimise contact with others until they are well in order to help avoid spreading illness.

- 6 On returning to work, the staff member should continue to comply with all relevant infection control precautions including strict adherence to appropriate the recommended personal protective equipment (PPE).
- 7 Staff who have direct contact with residents, should resume routine asymptomatic LFD testing, taking the first of these tests 48 hours after the initial negative LFD test they took when they developed symptoms. This means they will take three LFD tests in the seven days following symptom onset.

B. The management of residents who are close contacts of COVID-19

- 8 Residents who are asymptomatic do not need to isolate or undertake any testing if they are either suspected or confirmed as a close contact of a COVID-19 case either through exposure within the care home or during a visit out of the home setting.

Visits out of the home include:

- Attendance at a healthcare appointment;
- attendance at an Emergency Department which does not result in an admission;
- trips out of the home; or
- overnight stays in in the community.

- 9 Care Home staff should remain vigilant for symptoms of COVID-19 (paragraph 1) in any resident who has been identified as a close contact. Care homes should follow advice regarding testing and isolation if symptoms of COVID-19 develop ([5th May 2022](#))
- 10 Any resident who has been a close contact should avoid contact with other individuals at high risk of becoming unwell if infected with COVID-19 (e.g. severely immunosuppressed).
- 11 It should be noted that the existing outbreak testing guidance which includes testing asymptomatic residents and staff has not


been changed. This means that residents and staff will still be advised to test in line with the outbreak testing guidance.

C. Testing of residents for COVID-19 prior to admission to care homes from community settings either for permanent or short stays including shared care and respite

- 12 Individuals should ideally test twice using a Lateral Flow Device (LFD), once 48 hours prior to admission and also on the day of admission.
- 13 If testing prior to admission is not feasible, then one LFD test on admission would be acceptable.
- 14 If the individual cannot tolerate COVID-19 testing, then a dynamic risk assessment should be undertaken by the care home, with individuals accommodated depending on the outcome of the risk assessment. The aim is that this risk assessment will facilitate admission to the care home, including for overnight and short stays, and that the inability to test should not be an automatic barrier to admission.
- 15 The requirement for an individual to isolate on admission to the care home will be informed by the dynamic risk assessment.
- 16 Follow advice regarding testing and isolation if symptoms of COVID-19 develop (see Para 9 above).

Thank you for your continuing support.

Yours sincerely



Dr Brid Farrell
Deputy Director of Public Health

cc
SPPG Chief Executive
HSC Trust Chief Executives
RQIA Chief Executive

Table 1: Outline of changes to COVID-19 testing and isolation policy for care homes as at 27 July 2022

Scenario	Guidance
Regular asymptomatic testing for COVID-19 for residents and staff	No change to current guidance [22 April 2022]
Management of residents and staff working in care homes who have COVID-19 symptoms	Residents - no change to current guidance [22 April 2022] Staff – Updated guidance as per this letter 27 July 2022
The management of residents and staff working in care homes who test positive for COVID-19	No change to current guidance [5 May 2022]
The management of residents and staff working in care homes who are close contacts of COVID-19	Residents - Updated guidance xx July Staff – no change to current guidance [5 May 2022]
Testing for admission of residents to care homes from hospital and community settings either for permanent or short stays including shared care and respite	Admission from Hospital – no change to current guidance [Feb 2022] Admission from community- updated guidance as per this letter 27 July 2022
Testing for Positive Cases in Care Home but outbreak not declared (Rapid Response Testing)	No change to current guidance [5 May 2022]
Testing during an outbreak in a care home	No change to current guidance [5 May 2022]

	Logistics update – moving outbreak testing to pillar 1 [15 June 2022]
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