

COVID-19 TESTING ARRANGEMENTS FOR CARE HOMES

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

Residents with symptoms of COVID-19 should take a lateral flow device (LFD) test immediately. If the LFD result is positive the resident should isolate in line with current guidance.

If the initial LFD test result is negative, a PCR test should be done as soon as possible. If the PCR test is positive, the resident should isolate in line with existing guidance.

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.

B. Management of staff working in care homes who have COVID-19 symptoms

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
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- Staff members who have COVID-19 symptoms should take a lateral flow device (LFD) test at the onset of symptoms. A PCR test is not required.
 - 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.

- 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.
- 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.
- 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).
- Staff who have direct contact with residents, should take three LFD tests in the seven days following symptom onset. The first of these tests 48 hours after the initial negative LFD test.

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

Residents who test positive for COVID-19 can leave self-isolation from day 6 provided they:

- have completed 5 full days of isolation;
- are afebrile 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.

<https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk>

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:

- 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;
- 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);
- They should not have a temperature and should be medically fit.
- They should continue to undertake daily LFD tests until day 10 (if working with residents whose immune system means that they may be at higher risk of serious illness despite vaccination
- 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.
- The staff member must continue to comply with all relevant infection control precautions throughout the day.
- 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.

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.

The likelihood of a person who is well and not 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.

All positive COVID-19 tests should continue to be notified to the PHA Health Protection Duty Room (HPDR) at PHA.DutyRoom@hscni.net

Please also 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.

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

If one or more positive cases (staff or resident) are found in a care home contact the HPDR who will support a risk assessment.

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.

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. If further cases are identified during the 5 days, discuss with the HPDR.

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

An outbreak consists of 2, or more, positive (or clinically suspected) linked 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

- 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).
- 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.
- If any staff or residents have symptoms at any stage, symptomatic testing guidance should be followed as per section A.
- 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.
- 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.

- If there are no positive PCR results from the WHT, the HPDR will advise that terminal cleaning can commence.
- 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. The management of residents who are close contacts of COVID-19

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 the community.
- overnight stays in a hospital

Care Home staff should remain vigilant for symptoms of COVID-19) 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

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).

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

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.

- 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.

- 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.
- Whilst they are attending work, staff must continue to comply rigorously with all relevant infection control precautions.

H. 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

- Individuals should ideally test twice using a Lateral Flow Device (LFD), once 48 hours prior to admission and also on the day of admission.
- If testing prior to admission is not feasible, then one LFD test on admission would be acceptable.
- 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.
- The requirement for an individual to isolate on admission to the care home will be informed by the dynamic risk assessment.
- Follow advice regarding testing and isolation if symptoms of COVID-19 develop.