



BY EMAIL

Care Home Managers

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Dear Care Home Manager

UPDATED TESTING AND ISOLATION GUIDANCE FOR CARE HOMES FOR RESPIRATORY INFECTION INCLUDING COVID-19 AND INFLUENZA TO BE IMPLEMENTED FROM 22 DECEMBER 2022.

1. This updated guidance reflects continued progress against the Department's long-term COVID-19 Test, Trace & Protect Transition Plan published in March 2022.
2. Colleagues are reminded that from 3 October 2022, routine regular asymptomatic testing (testing for those with no symptoms) was paused for all health and social care workers, including care home staff.

Regular asymptomatic testing was also paused for those visiting health and care settings, including hospitals, clinical settings, care homes and hospice settings.

<https://www.health-ni.gov.uk/news/changes-covid-19-testing-northern-ireland-0>

3. Taking account of the wider pandemic context and evolving public health risk assessment at this point, the purpose of this letter is to provide updated guidance on the following:

- A. The management of residents with symptoms of a respiratory infection including COVID-19 or Influenza in a non-outbreak setting;
 - B. The management of residents in care homes who test positive for a respiratory infection including COVID-19 or Influenza;
 - C. The management of residents in care homes who are close contacts of an individual with a confirmed diagnosis of a respiratory infection including COVID-19 or Influenza;
 - D. Testing during an outbreak of respiratory infection, including COVID-19 or Influenza, in a care home;
 - E. Testing of residents for COVID-19 to facilitate timely admission to care homes from hospital or community settings either for permanent or short stays including shared care and respite;
 - F. Updated information on testing logistics.
- 4 Guidance specific to all Health and Social Care staff, including Care Home staff will be issued separately. This guidance will also apply to care partners.
5. Care partners, visitors or any other individuals including HSC staff should not visit a Care Home if they have symptoms of a respiratory infection.
- A Management of residents with symptoms of a respiratory infection including COVID-19 or Influenza in a non-outbreak setting (New guidance)**
6. 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 influenza 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.
7. Regardless of their vaccination status, older people in care homes may present with more nuanced symptoms of respiratory illness such as new onset confusion, reduced alertness, reduced mobility, or diarrhoea and they sometimes do not develop fever. Care home staff should remain vigilant for new symptoms in residents and also be aware of reports of circulating respiratory virus in their geographical area.
8. Residents with symptoms suggestive of respiratory infection should isolate and take a lateral flow device (LFD) test for COVID-19 immediately.

If the LFD test result is positive the resident should continue to isolate in line with updated guidance outlined in paragraph 9 of this letter.

If the LFD test is negative, it may be appropriate to consider a PCR multiplex test which could identify influenza and ascertain any further risk to others in the care home. The resident should continue to isolate for 5 days or until they have fully recovered to prevent spread of respiratory infection.

Where two or more cases of respiratory illness are identified or clinically suspected (in staff or residents) please refer to section D of this guidance.

B. The management of residents in care homes who test positive for a respiratory infection including COVID-19 or influenza (New guidance)

9. The self-isolation period for care home residents who test positive for COVID-19 is reduced to five days providing they have recovered from their acute illness (further testing is not required). This is new guidance because:

- a less severe presentation of COVID-19 in care home residents in recent months has been observed;
- there are potential harms associated with prolonged isolation;
- the potential risk to others in the care home from prolonged infectiousness (beyond 5 days) is relatively small as compared to the other sources of risk of acquiring COVID-19.

Unless otherwise advised by the HPDR, the self-isolation period for individuals with respiratory infection is 5 days. After this time residents may leave isolation providing they have fully recovered from their acute illness.

10. A single positive case of COVID-19 does not need to be routinely reported to the PHA.
11. Where two or more new cases of respiratory infection (including COVID-19 or Influenza) are identified, or clinically suspected, (in staff or residents) with onset of symptoms within 14 days of each other, the Health Protection Duty Room (HPDR) should be notified promptly for advice PHA.DutyRoom@hscni.net.
12. Please remember to ensure that any positive COVID-19 LFD test results are registered at [Report a COVID-19 rapid lateral flow test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/report-a-covid-19-rapid-lateral-flow-test-result), in order for anyone eligible for antiviral treatment to be identified. Information on those who are eligible for COVID-19 treatments is available at NI Direct ([Treatments for coronavirus \(COVID-19\) | nidirect](https://www.nidirect.gov.uk/articles/treatments-for-coronavirus-covid-19)).

C. The management of residents in care homes who are close contacts of an individual with a confirmed diagnosis of a respiratory infection including COVID-19 or Influenza

13. Residents who are asymptomatic (residents who do not have symptoms) do not need to isolate or undertake any testing if they are either suspected or confirmed as a close contact of an individual who has tested positive for a respiratory infection such as COVID-

19 or Influenza 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;
- trips out of the home;
- overnight stays in the community.

14. Care Home staff should remain vigilant for symptoms of respiratory infection in any resident including those who have been identified as a close contact.
15. Care homes should follow advice regarding testing and isolation if symptoms of respiratory infection develop (paragraphs 6-8).

D. Testing during an outbreak of respiratory infection, including COVID-19 and Influenza, in a care home (New Guidance)

16. Where two or more new cases of respiratory infection (including COVID-19 or Influenza) are identified, or clinically suspected, (in staff or residents) with onset of symptoms within 14 days of each other, the Health Protection Duty Room (HPDR) should be notified promptly for advice PHA.DutyRoom@hscni.net

The HPDR will undertake an assessment to determine if the criteria for an outbreak are met.

Please ensure that details of the affected residents (name, DOB and where possible HCN) are available when contacting the HPDR.

In an outbreak scenario, all residents with symptoms should isolate in line with guidance outlined in paragraph 8.

17. The level of response required to an outbreak will be based on advice from the Health Protection Duty Room (HPDR). The HPDR will undertake a risk assessment which will include a rapid review

of the Care Home's own risk assessment and mitigation measures, information about the care home and residents, and characteristics of the outbreak.

18. In the context of a COVID-19 outbreak, Whole Home Testing (WHT) is now unlikely to be advised in most circumstances. Prior to widespread vaccination when COVID-19 was an infection that led to significant morbidity and death in frail elderly populations, it was important to case find and isolate all cases. Service users and staff are now much better protected through vaccination and robust infection control.
19. Asymptomatic residents or staff should not be tested during an outbreak unless specifically advised to test by PHA.
20. When an outbreak of respiratory infection has been declared by the PHA Health Protection Duty Room (HPDR) there may be more than two individuals with similar symptoms.
 - **All residents with symptoms of respiratory infection should take a LFD test** (follow guidance in paragraph 8). This initial LFD test is for COVID-19 only. Positive LFD results should be registered to ensure those eligible for early treatment can be identified.
 - **In addition, samples for up to five symptomatic service users** should be submitted to the local Trust laboratory for a Multiplex PCR test. Multiplex PCRs will test for COVID-19 and Influenza. Tests will be referred to the Regional Virology Laboratory (RVL) as required. Samples from those with the most recent onset of symptoms should be prioritised.

Further information and guidance is available on the PHA website using this [link](#) including the HPDR respiratory outbreak pack, relevant proformas and answers to frequently asked questions (FAQs).

21. Samples should be sent using the outbreak form attached at the end of this letter. Please note that it is **essential** that the Health and Care Number (HCN) of the resident is included for **every** sample submitted. Results are automatically uploaded onto the resident's Electronic Care Record (ECR). Swabs will have to be

repeated if the correct information is not included, thus potentially delaying treatment.

22. In exceptional circumstances there may still be a clinical need to test further cases, for example, to confirm the diagnosis in individuals with other respiratory symptoms or if the outbreak is particularly prolonged. Requirements for any further testing will be guided by the HPDR.
23. Information on those who are eligible for COVID-19 treatments is available at NI Direct ([Treatments for coronavirus \(COVID-19\) | nidirect](#)).

Guidance was issued to the HSC service including Primary Care on 8 December 2022 on [treatments for residents who have Influenza](#) .

Declaring an outbreak over

24. The HPDR is responsible for declaring an outbreak over.
25. The HPDR must be satisfied that:
 - existing cases have been isolated in line with guidance;
 - guidance on infection prevention control (IPC) and other interventions are being applied appropriately;
 - a terminal clean has been completed; and
 - an outbreak summary report has been submitted to the PHA.

E Testing of residents for COVID-19 to facilitate timely admission to care homes from hospital or community settings either for permanent or short stays including shared care and respite (New Guidance)

26. Individuals being discharged from hospital who have symptoms of COVID-19 must have a multiplex PCR test (for Influenza and COVID-19) before discharge. Information on the test result must be provided to the care home so that appropriate arrangements can be made in respect of to support discharge planning.

27. Asymptomatic individuals (those with no symptoms of respiratory infection) being admitted from an acute hospital setting should be tested using a Lateral Flow Device (LFD) or a LumiraDX test where available for COVID-19 prior to discharge to the care home. The purpose of this test is to ensure the care home uses the correct IPC measures and PPE when the resident is transferred back to the care home. Care homes are now familiar with measures to reduce the spread of COVID-19 and other respiratory infections so should be able to accept the admission as planned.
[Updated Covid-19 Testing Guidance To Support Clinical Pathways](#)
28. Asymptomatic individuals being admitted from a community setting should test using a Lateral Flow Device (LFD) for COVID-19 on admission to the care home. There is no need to test in the community prior to admission. This is a change to guidance issued from the PHA on 27 July 2022.
29. If the resident's LFD test is negative, regardless of the source of admission, there is no need for isolation or further testing.
- If the LFD test is positive, guidance in section B should be followed.
30. LFD tests can be used within 90 days of a previous positive PCR test, so the guidance in paragraphs 27 and 28 also includes those residents who are known to have previously tested positive for COVID-19 who are within 90 days of their symptom onset or positive test date (if asymptomatic) and who have developed no new COVID-19 symptoms.
31. If the individual cannot tolerate testing, then a dynamic risk assessment should be undertaken by the care home. 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. Unless an individual is symptomatic or COVID-19 positive – there should be no requirement to isolate on admission.
32. Advice regarding testing and isolation should be followed if symptoms of respiratory infection develop.

F Updated information on testing logistics

33. Care homes may now have any of the following items that have reached an expiry date. Please check stocks of:

- Innova 7 Rapid Antigen Test (branded as UKHSA/NHS Test and Trace)
- Orient Gene 7 Rapid Antigen Test
- Surescreen 25 Rapid Antigen Test
- PCR Tests

In accordance with The Controlled Waste (Duty of Care) Regulations (Northern Ireland) as amended, Care Homes currently holding expired stocks of the Rapid Antigen Tests named above, PCR test kits (any brand) and items of PPE are advised to follow the guidance below:

- Comply with their duty of care obligations (link below).
<https://www.daera-ni.gov.uk/publications/waste-management-duty-care-code-practice>
- Dispose of all items, recycling where possible (e.g. packaging) in accordance with their existing waste management providers / processes / protocols.
- Notify their waste management provider of their intention to dispose of all volumes of expired stock that exceeds 2 cartons (boxes containing a number of packs of 3, 7 or 25 tests)

If a care home is holding stock of any other brand of Rapid Antigen Test (LFD), they should contact asymptomatic.testing@health-ni.gov.uk for further advice.

34. Surescreen 25 LFD tests will be withdrawn from circulation from the week commencing 26 December 2022 due to imminent expiry dates. All new orders from this date will provide an alternative test. Care Homes should familiarise staff with the instructions for use on any new test kits provided as they may differ from those in kits currently in use.

35. Care Homes are asked to retain stocks of LFDs to facilitate outbreak testing when required, as well as symptomatic testing for staff and residents.

Rigorous surveillance and monitoring of outbreaks and testing will continue over the coming months. Care Homes should remain prepared to re-commence a more comprehensive testing regimen again at short notice if required.

Thank you for your continuing support.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Brid Farrell', written in a cursive style.

Dr Brid Farrell
Deputy Director of Public Health

cc
SPPG Chief Executive
HSC Trust Chief Executives
RQIA Chief Executive

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Investigation of respiratory illness (SARS CoV2 & Influenza) outbreaks			

Investigation of respiratory illness (SARS CoV2 & Influenza) outbreaks

Please send samples to your local Trust laboratory for onward transport to:

REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust,
Grosvenor Road, Belfast BT12 6BA. Direct Tel 028 96155681 (9am-5pm Mon-Fri)

Please provide the following information if sending samples from a nursing home:

Name of Nursing home: _____

Source code/ Requestor details: _____

Name	DOB	H&C number	Specimen Date	Specimen Type	Specimen Number (RVL Use only)

- **Maximum of 5 specimens – prioritise patients with most recent onset**
- Snap off the swab into the yellow top COBAS tube. Ensure lid is tightened to prevent leaks
- Label the tube with the patients details and return in the appropriate packaging
- The buffer in the tube is a lysis buffer preservation medium and is a skin and eye irritant
- **DO NOT PREWET SWAB BEFORE SAMPLING**

