LIVING WITH COVID-19 POLICIES

January 2023

Scope

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INTRODUCTION TO THE GUIDANCE

The government has published various COVID 19 response documents during the pandemic, introducing and then removing various restrictions across England. This has been dependent on reviews of national data, the rollout of vaccines, reductions in number of deaths or people hospitalised, infection rates and risk assessments of variants of concern. These factors will remain under review over the coming months and may result in further local, regional or national restrictions.

The Government guide, 'COVID 19 Response – Living with COVID', published February 2022 is applicable to England as we learn to live safely with COVID-19. Information within Page 3 of 27 Version 3, Issue date – 16 January 2023 this guidance replaces all the other Inspired Care 4All COVID-19 BCP documents and applies to all social care locations in England. It is based on the government guidance and includes links to the full guidance. This summary will be regularly reviewed to reflect updated guidance from the government.

In what settings does this guidance apply?

Unless specifically stated, this guidance applies to all support settings. Where there is adistinction between measures and guidance this will be made.All managers should be aware if the locations they manage are considered higher risk supported living.

For example, throughout the pandemic Care Homes have often had additional measures in place compared to the general public because many of the people supported in Care Homes are at a higher risk of serious illness if they became infected with Coronavirus, and the risk of cross infection within the location is also higher. Some

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supported living locations are likened to Care Homes if they meet at least one of the following criteria:

• The location is a closed community with substantial facilities shared between multiple people

• The majority of the people they support (more than 50%) receive the kind of personal care that is CQC-regulated (rather than help with cooking, cleaning and shopping)

If the location meets the criteria above, it is classified as a 'higher risk supported living' which is also how it is referred to within government guidance.

Please note, the government guidance for 'higher risk supported living' asks providers to consider following the guidance for care homes where a person we support is symptomatic or positive for COVID-19, therefore managers should discuss the decision to either follow care home guidance or guidance for the general public with their operations manager and or DD and include details of this discussion within the risk assessments.

People at higher risk of serious illness from COVID-19

Throughout this guidance there is reference to people who are assessed as at the highest risk of serious illness if infected with COVID-19. The people who are likely to be at the highest risk are people with Down's syndrome, people with certain types of cancer and blood disorders, certain conditions affecting the immune system, severe liver disease and chronic kidney disorder, HIV or AIDs and some conditions affecting the brain and nerves. The list also includes older people, people who are pregnant and unvaccinated people. GPs can confirm if the person is at higher risk, however, it is essential that managers are aware of who is at higher risk and include this information in the person's risk assessment relating to COVID-19 or the occupational health and well-being risk assessment for staff. People who are at higher risk may be eligible for additional treatment and booster vaccinations, and there may be additional measures in response to a suspected or confirmed case of COVID-19 at the location and/or close contacts to a confirmed case which are described in this document. For more information on who may be classed as at higher risk please use the link below:-

https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-riskfrom-coronavirus

INFECTION PREVENTION CONTROL MEASURES

Vaccinations

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Vaccinations remain one of the major defences against COVID 19 in terms of reducing the risks of severe infection and onward infection of others. Although there is no longer a legal requirement for vaccinations in adult social care, the Government and Affinity Trust strongly advise and encourage everyone to receive the full set of vaccinations including any available booster vaccinations. People who are higher risk of serious illness from COVID-19 may be eligible for additional booster vaccinations. Any staff or person supported wanting to book in for a vaccine can still do so via the National Booking Service using the link below

https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/bookcoronavirus-vaccination/

Further booster vaccinations will be available in Autumn 2022 through the national booking service detailed above. These will be available for all front-line health and social care staff, people over the age of 50, people in care homes and other higher risk settings and those who are age 5 or over with clinical risk factors.

Please use the link below to access various NHS resources regarding the vaccination and booster vaccinations

https://www.gov.uk/government/publications/covid-19-vaccination-booster-doseresources/covid-19-vaccination-a-guide-to-booster-vaccination

Vaccination side effects and returning to work

Most side effects of the COVID-19 vaccine are mild and should not last longer than a week, such as:-

• A sore arm where the needle went in

• Feeling tired

• A headache

• Feeling achy

• Feeling or being sick

• Flu like symptoms

• Swollen glands in armpit or neck (less common but may last 10 days approximately)
• A mild fever or feeling shivery and feverish is common and staff do no need to selfisolate however if staff have a high temperature (37.8) they may have coronavirus or another infection and should self-isolate immediately and test for COVID 19 as per the guidance within this document

If staff are being sick they should not return to work for 48 hours after the last episode in case this symptom is not a side effect of the vaccination. Apart from the high temperature and/or sickness detailed above, staff should return to work if they feel well

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enough to. People are advised to take pain killers such as paracetamol if needed. If feeling very tired staff should discuss this with their manager and avoid operating machinery or driving.

Standard Infection Prevention Control measures

Understanding how infection is spread is crucial to effective infection prevention and control (IPC) and is everyone's responsibility

Hand hygiene

Hands should be cleaned before and after contact with someone we support, after exposure to blood or body fluids, before handling food or drink and any clean procedures. Staff should support the people we support to keep their hands clean. Hands should be washed for 20 seconds, with all areas of the hands and wrists cleaned, using liquid soap and warm, running water and dried using paper towels. Hands can also be cleaned with alcohol-based hand rub instead of soap and water if hands are not visibly dirty and there has been no risk of exposure to blood or body fluids. When supporting someone with vomiting or diarrhoea hands should be washed using soap and water as these illnesses can be caused by germs which are not destroyed by alcohol-based hand rub.

Respiratory hygiene

When sneezing, coughing, or wiping or blowing your nose the nose and mouth should be covered with a tissue which is disposed into a waste bin. If you do not have a tissue, you should sneeze or cough into the crook of your elbow. Hands should be washed after coughing, sneezing, using tissues or after contact with respiratory secretions such as saliva or mucus. Staff should encourage the people we support to do this as well.

Ventilation

Ventilation is an important control to manage the threat of COVID-19. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19. Where possible, rooms should be ventilated after any visit from someone outside the setting, or if anyone in the care setting has suspected or confirmed COVID-19. The comfort and wishes of the people we support should be considered in all circumstances, for example balancing with the need to keep people warm.

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Staff movement

Managers are no longer required to limit the movement of staff between settings. However, Care Homes may be asked to limit staff movement by the local Director of Public Health or health protection team (HPT) if, for example, there is high prevalence of COVID-19 locally or in an outbreak.

Laundry

The key principles for safely handling laundry are:

• wash hands between handling clean and used or infectious laundry and wear an apron. (Infectious laundry includes laundry that has been used by someone who is known or suspected to be infectious and/or linen that is contaminated with body fluids)
• prevent cross contamination between clean and used or infectious laundry by having separate containers

• do not shake used or infectious laundry or place used or infectious laundry on the floor or on surfaces

• infectious laundry should not be washed by hand or together with others laundry.

• infectious laundry should be washed using the appropriate pre-wash cycle at an appropriate temperature (the highest temperature recommended by the manufacturer)

PERSONAL PROTECTIVE EQUIPMENT

Face masks

Staff and visitors do not routinely need to wear a face mask at all times in locations or when providing support. However there remain a number of circumstances where we expect staff and visitors to wear masks (type IIR fluid-repellent surgical mask) to minimise the risk of transmission of COVID-19. These are:

• if a person we support is known or suspected to have COVID-19 (please also see 'Gloves, aprons and eye protection' below in this instance)

• if a member of staff or visitor is aware that they are a household or overnight contact of someone who has had a positive test result for COVID-19

• if there is in an outbreak or if a person we support is particularly vulnerable to severe outcomes from COVID-19 (this must be determined via a Risk Assessment by the registered manager)

Mask wearing may also be considered when an event or gathering is assessed as having a particularly high risk of transmission.

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If a person we support prefers staff or visitors to wear a mask whilst being supported then this should be respected. Similarly, if staff prefer to wear a mask then this should be supported.

As per the recommendations for standard infection prevention control precautions, type IIR masks should always be worn if there is a risk of splashing of blood or body fluids.

If masks are being worn due to an outbreak or risk assessment, consideration should be given as to how best to put this into practice while taking account of the needs of individuals and minimising any negative impacts. If a person we support finds the use of PPE distressing, or their use is impairing communication, a local risk assessment can be used to determine if the use of face masks should be limited while supporting this person. In this case appropriate mitigations should be considered such as limiting close contact and/or increasing ventilation to maintain adequate infection prevention and control. The needs of the person should be recognised and they should be as involved as they wish to be and/or are able to.

It may be appropriate in certain circumstances to consider transparent face masks, some of which could be considered for use as an alternative to type IIR surgical masks. More information is available in the following link:-

Transparent face mask technical specification.

There are a variety of different face masks which are useful for both protecting the wearer (PPE) and protecting others (source control). However, as a minimum staff must wear type 11R surgical face masks when the circumstances above or a risk assessment deem it necessary to wear a face mask.

All face masks should:

• be well fitted to cover nose, mouth and chin

• be worn according to the manufacturer's recommendations (check which side should be close to the wearer)

• not be allowed to dangle around the neck at any time

• not be touched once put on

• be worn according to the risk-assessed activity

• be removed and disposed of appropriately, with the wearer cleaning their hands before removal and after disposal

Face masks should be changed:

• if they become moist

• if they become damaged

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• if they become uncomfortable to wear

• if they become contaminated or soiled

• at break times, or when eating and drinking

• after 4 hours of continuous wear

• between different people's homes

• between close contact support of people who are suspected or confirmed as COVID-19 positive.

Staff who are providing personal care to someone with known or suspected COVID-19 should dispose of their face mask after leaving the individual's room and put a new mask on. The only exception to this is if all the people staff are supporting have COVID-19, staff may continue to wear a type IIR mask. If they do need to support someone who does not have COVID-19, this mask should be removed and disposed of once outside of the room and a new mask put on.

Supporting people in the community

Staff should always have face masks available when supporting in the community but as detailed above they are not routinely required to wear one unless identified within a risk assessment.

Meetings, Offices and Training

For face to face team meetings and training staff are not required to wear masks. Where locations have a sleepover room or office in the house, masks are only required when it is deemed necessary as part of a risk assessment and a person we support comes in.

Gloves, aprons and eye protection

As part of standard infection prevention control measures, when there is a risk of contact with blood or body fluids, gloves and aprons should be worn when staff or visitors are providing close support. These should also be worn when a person who has suspected or confirmed COVID-19 and staff are providing close contact support. These should be removed and disposed of upon leaving the room. Eye protection is also recommended in these circumstances and includes when cleaning the persons room.

Cleaning and reusing non-disposable eye protection (i.e. goggles or face shield) Reusable eye protection should be cleaned and disinfected as per the manufacturer's instructions between use. As a minimum clean the eye protection by using either a neutral detergent wipe, 70% alcohol wipe or detergent/disinfectant wipe and leave to air dry (somewhere safe, away from any sources of contamination) before next use. Each property should identify a safe place for eye protection to be stored safely once cleaned and a safe place for eye protection to dry safely.

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If using eye protection, you must remove this to have a break then the eye protection must be cleaned as above before re-using after your break. If you are wearing both prescription glasses and goggles, both will need to be cleaned. For prescription glasses or spectacles, use the cleaning fluid or wipes that are normally used for spectacles as disinfectant may damage the coatings on the lenses

Aerosol-generating procedures (AGP)

An AGP is a medical procedure that can cause the release of virus particles from the respiratory tract and can increase the risk of airborne transmission to those in the immediate area. AGPs are often linked with clinical procedures however in the community this may include suctioning procedures on a person with a tracheostomy. Certain other procedures or equipment may generate an aerosol but are not considered to represent a significant infectious risk for COVID-19 for example oral or pharyngeal suctioning (suctioning to clear mucus or saliva from the mouth), administration of humidified oxygen, administration of Entonox or medication via nebulisation) and continuous positive airway pressure (CPAP) procedures are no longer considered as an AGP .

Filtering face piece class 3 (FFP3) respirators are required when you are undertaking AGPs on a person with suspected or confirmed COVID-19 infection, or another infection spread by the airborne or droplet route. FFP3 respirators should be removed outside of the room where the AGP was carried out and disposed of. They should then be replaced with a type IIR mask.

The use of FFP3's are governed by health and safety regulations and they should be fit tested to the staff by trained staff to ensure the required protection is provided. Each region where AGP's are in use have a manager allocated to complete the fit tests.

Staff should wear a type IIR mask when carrying out an AGP on someone who is not suspected or confirmed to have COVID-19 or another infection spread via airborne or droplet routes. Staff should also wear gloves, aprons and eye protection when carrying out AGPs. Where there is an extensive risk of splashing, staff should wear gowns instead of aprons (aprons with sleeves).

Breaches of PPE

All staff are responsible for reporting any defective PPE equipment or PPE breaches immediately via their line manager or on call manager. If a staff member comes into contact with a person we support who has been confirmed has having COVID-19 while not wearing PPE or had a breach in their PPE while providing direct support (touching support within 2 metres) then the staff member should inform their line manager immediately. The manager should review the risks created by the incident taking into account factors such as the length of exposure and proximity of the person we support, the activities that took place when the worker was in proximity (such as personal care) and whether the staff member had their eyes, nose or mouth exposed.

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There are no situations where it is acceptable for adult social care staff to NOT wear PPE in accordance with the above guidelines. Where staff have a medical condition that affects their ability to wear the PPE specified above they must contact their line manager immediately and discuss ways to minimise the risks during periods where masks are required. This may include working at another location.

PPE Stock

The registered manager is responsible for ensuring a minimum of two weeks stock of PPE is kept in each location and must be accessible to all staff. Staff must raise immediately if PPE stock is running low to ensure stock can be replenished immediately. Free PPE related to COVID-19 requirements is available for most adult social care locations. The orders are usually organised by the registered manager, and stocks are stored locally for distribution to individual locations. For more information on free PPE for adult social care please use the link below and to access local stocks of free PPE speak to your line manager or local administrator.

https://www.gov.uk/guidance/ppe-portal-how-to-order-covid-19-personal-protectiveequipment

Other PPE stock needed for work activities outside of COVID-19 requirements, and some specialist supplies COVID -19 PPE not available through the free portal can be ordered through head office. Emails are sent out to managers regularly (usually weekly) with more information on ordering and accessing stock. Managers in adult social care must ensure they utilise free stock provisions for PPE relating to COVID-19 requirements before paying for other orders.

Waste Management

Waste should be disposed of as soon as possible and people should wash their hands after handling waste.

If a person is confirmed as COVID-19 positive: In a care home, waste generated when supporting a person should enter the hazardous waste stream (usually an orange bag). Waste visibly contaminated with respiratory secretions (sputum, mucus) from a person suspected or confirmed to have COVID-19 should be disposed of into foot-operated lidded bins which should be lined with a disposable waste bag. If there is not access to a hazardous waste this should be sealed in a bin liner before disposal into the usual waste.

When there are no confirmed COVID-19 positive cases: Waste can be disposed of in the standard household waste.

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STAFF - SUSPECTED OR CONFIRMED AS POSITIVE FOR CORONAVIRUS AND CLOSE CONTACTS

If a staff member develops symptoms of a respiratory infection

Staff who have symptoms of respiratory infection, and who have a high temperature or staff or staff who have symptoms of respiratory infection and do not feel well enough to attend work should take an LFD test as soon as they feel unwell (day 0). Staff with respiratory symptoms who feel well enough to work and do not have a temperature, do not need to take a symptomatic test and can continue working.

If the result of this LFD test is positive staff should follow the guidance below.

If the LFD test result is negative, they should take another LFD test 48 hours later, staying away from work during this time. If this is also negative they can return to work if well enough to do so.

Symptoms of COVID-19, flu and common respiratory infections include:

• headache that is unusual or longer lasting than usual

• muscle aches or pains that are not due to exercise

• shortness of breath

• high temperature, fever or chills

• continuous cough

• loss of, or change in, your normal sense of taste or smell

• unexplained tiredness, lack of energy

• not wanting to eat or not feeling hungry

• sore throat, stuffy or runny nose

• diarrhoea, feeling sick or being sick

Staff should notify their manager immediately (or on-call manager if out of office hours) If staff need to stay at home they should not return to work until they have discussed results with a manager (please see the relevant sections below relating to test results).

If a staff member receives a positive lateral flow or PCR test result

To avoid passing on the virus, anyone who receives a positive lateral flow or PCR test result should follow the advice regarding staying at home and avoiding contact with other people from the day they test positive or develop symptoms. This is called day 0. There is no need to take a PCR test after a positive lateral flow test result.

Staff must immediately report the test result to the manager (or on-call manager if out of office hours).

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Staff with COVID-19 should not attend work until they have had 2 consecutive negative lateral flow test results (taken at least 24 hours apart), they feel well and they do not have a high temperature. The first lateral flow test should only be taken from 5 days after day 0 (the day their symptoms started, or the day their test was taken if they did not have symptoms). If both lateral flow tests results are negative, they may return to work immediately after the second negative lateral flow test result on day 6, if their symptoms have resolved, or their only symptoms are cough or anosmia which can last for several weeks.

If the staff member supports people who are at higher risk of becoming seriously unwell with COVID-19 a staff risk assessment should be undertaken, and consideration given to redeployment until 10 days after their symptoms started (or the day their test was taken if they did not have symptoms). The staff member should continue to comply with all relevant infection control precautions and PPE should be worn properly throughout the day.

A positive lateral flow test in the absence of a high temperature after 10 days is unlikely. If the staff member's lateral flow test result remains positive on the 10th day, they should continue to take daily lateral flow tests. They can return to work after a single negative lateral flow test result.

The likelihood of a positive lateral flow test after 14 days is considerably lower. If the staff member's lateral flow test result is still positive on the 14th day, they can stop testing and return to work on day 15. If staff support people who are at higher risk of becoming seriously ill with COVID-19, a staff risk assessment should be undertaken, and consideration given to redeployment.

Managers can undertake a risk assessment of staff who test positive between 10 and 14 days and who do not have a high temperature or feel unwell, with a view to them returning to work depending on the work environment.

If a staff member receives a negative or inconclusive test result

Staff who had symptoms of COVID-19 and who received negative results (2 lateral flow tests 48 hours apart as per the symptomatic section above) can return to work providing they are medically fit to do so, subject to discussion with their line manager and a staff risk assessment.

Staff who receive an inconclusive test result should take another lateral flow test. Symptomatic staff who do not have immediate access to another lateral flow test should not attend work while waiting to receive another lateral flow test to take. For staff who are asymptomatic and their test is inconclusive they can continue working but should still take the repeat test. If the repeat test result is positive, they should follow the advice on receiving a positive test as above.

Staff who are close contacts of confirmed cases

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Staff who are contacts of confirmed cases can continue working but should contact their manager immediately (or on-call manager if out of office hours) to complete a risk assessment. They no longer need to undertake any additional testing, and instead should continue their usual testing regime. Staff should continue to wear the appropriate PPE linked to the work activity.

Consideration should be given to how to ensure staff can deliver safe support during the 10 days after being identified as a close contact of someone who has tested positive for COVID-19. This includes applying the measures known to reduce risks such as distancing, maximising ventilation, PPE and cohorting and this should be recorded within a staff risk assessment.

If the staff member works with people who are at a higher risk of serious illness with COVID19 consideration for redeployment should be considered during the 10 days following their last contact with the case.

PEOPLE WE SUPPORT - SUSPECTED OR CONFIRMED AS POSITIVE, CLOSE CONTACTS

If a person we support is symptomatic or tests positive (and does NOT live in a care home, or higher risk supported living following care home guidance)

For the people we support that are symptomatic or test positive for COVID-19, they should be encouraged to follow the advice for the general population which is to stay at home and avoid contact with others if there are symptoms of a respiratory infection such as COVID-19 and they have a temperature, and do not feel well enough to carry out normal activities. They should avoid contact with others until they feel well enough.

Staff should contact the manager immediately (or on-call manager if out of office hours) to use the Managers Checklist (the template can be accessed using the link below).

Symptoms of COVID-19, flu and common respiratory infections 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

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- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

If feeling unwell with these symptoms the person should be supported to get plenty of rest and drink water to keep hydrated. Where prescribed/appropriate they can use medications to help with symptoms. In some cases, they might continue to have a cough or feel tired after other symptoms have improved, but this does not mean that they are still infectious.

Atypical symptoms should also be considered for people who are older or frail such as changes in behaviours and clinical advice sought if necessary.

More information about these symptoms is on the NHS website. If concerned about symptoms, or they are worsening, seek medical advice by contacting NHS 111 and in an emergency dial 999.

If the person has not taken a COVID-19 test they should try to stay at home and avoid contact with other people until they no longer have a temperature or until they no longer feel unwell. If they have tested positive, they should be supported to stay at home for 5 days after they took the test.

It is particularly important to avoid close contact with anyone who is at higher risk of becoming seriously unwell if they are infected with COVID-19 and other respiratory infections.

If they have been asked to attend a medical or dental appointment in person, support them to contact their healthcare provider and let them know about the symptoms. Staff or other people may need get food and other essentials for them.

Leaving the house whilst having symptoms

It is not a legal requirement to stay at home however the following actions will reduce the chance of passing on the infection to others:

- wearing a well-fitting face covering made with multiple layers or a surgical face mask
- avoiding crowded places such as public transport, large social gatherings, or anywhere that is enclosed or poorly ventilated
- taking any exercise outdoors in places where they will not have close contact with other people
- covering their mouth and nose when they cough or sneeze; wash hands frequently with soap and water for 20 seconds or use hand sanitiser after coughing, sneezing and blowing their nose and before eating or handling food and avoid touching the face

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Reducing the spread of infection in the household Whilst unwell there is a high risk of passing the infection to others in the household. To help prevent the spread support the person to keep their distance from people they live with and:

• in shared areas wear a well-fitting face covering made with multiple layers or a surgical face mask, especially if living with people who are at higher risk of serious illness if they catch COVID-19

• ventilate rooms used by the person by opening windows and leaving them open for at least 10 minutes after they have left the room

• encourage the person to wash their hands regularly and cover their mouth and nose when coughing or sneezing

• regularly clean frequently touched surfaces, such as door handles and remote controls, and shared areas such as kitchens and bathrooms

• support the person to advise anyone that does need to come into the house that a person has symptoms/is positive, so they can take precautions to protect themselves such as wearing a well-fitting face covering or a surgical face mask, keeping their distance if they can, and washing their hands regularly

The people we support in higher risk supported living who are symptomatic or test positive for COVID-19

In addition to the above guidance, the people we support in higher risk supported living locations who have symptoms of a respiratory infection and have a high temperature or who have symptoms of a respiratory infection and are too unwell to carry out their usual activities should be encouraged to take an LFD test as soon as they feel unwell (day 0). If the first test is negative, they should avoid contact with others in that time and take a second LFD test 48 hours after the first.

If both tests are negative they can return to their usual activities if well enough to do so.

If either test is positive ‘Rapid response’ testing will be initiated (described in the ‘Testing’ section below). The risk assessment in place should determine if they will follow the guidance for adults in care homes below or if they should follow the advice for the general population above which is to stay at home and avoid contact with others. (The Support Manager should discuss this with the Operations Manager where this is not already identified)

Outbreak management in care homes

An outbreak consists of 2 or more positive (or clinically suspected) linked cases of COVID19 associated within the same setting within a 14-day period. This applies to both staff and the people we support and includes PCR and lateral flow test results. If an outbreak is suspected, the HPT (or community IPC team, local authority or CCG, according to local protocols) should be informed. A risk assessment should be

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undertaken with support from the HPT or other local partner to see if the clinical situation can be considered an outbreak and if outbreak management measures are needed but this should not delay testing . If an outbreak is declared as a result of the risk assessment then other measures can be taken. These will include testing (see also the testing section below) and may also include:

• temporarily stopping or reducing communal activities

• closure of the home to further admissions

• restriction of movement of staff providing direct support to avoid 'seeding' of outbreaks between different settings

• changes to visiting: some forms of visiting should continue if individual risk assessments are carried out. One visitor per person we support should always be able to visit inside a care home

Please note, Care Homes and higher risk supported living locations must also refer to the 'Testing' section below if there is a positive case of COVID-19 for additional testing requirements across the team and house. Please see 'Rapid response' testing and 'Outbreak' testing in this instance.

In specific situations, where the local or national risk assessment indicates that cases may be caused by a variant for which vaccines are less effective or other concerns, additional measures may be advised.

Outbreak restrictions may be in place for different lengths of time, depending on the characteristics of the home, the outbreak and the results of outbreak testing.

People we support who are a close contact of someone who has had a positive test result for COVID-19 (all locations)

People who live in the same household as someone with COVID-19 are at the highest risk of becoming infected because they are most likely to have prolonged close contact this includes people who stayed overnight in the household of someone with COVID-19 while they were infectious are also at high risk. It can take up to 10 days for the infection to develop and it is possible to pass on COVID-19 to others, even if the person has no symptoms. Risks to others can be reduced by supporting the person to:

• avoid contact with anyone they know who is at higher risk of becoming severely unwell if infected with COVID-19,

• limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces

• wear a well-fitting face covering made with multiple layers or a surgical face mask if they do need to have close contact with other people, or are in a crowded place

• wash their hands frequently with soap and water or use hand sanitiser

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Staff should notify the manager (or on-call manager if out of office hours) where someone has been identified as a close contact and the manager should complete the Managers Action Checklist (the checklist can be found using the link below)

GUIDANCE SPECIFIC TO CARE HOMES (AND PEOPLE IN HIGHER RISK SUPPORTED LIVING IF DEEMED NECESSARY FOLLOWING A RISK ASSESSMENT)

The people we support who are symptomatic or test positive for COVID-19

The people we support who have symptoms of COVID-19. They should be supported to take:

• a lateral flow test as soon as they develop symptoms (day 0)

• another lateral flow test 48 hours after the first test (day 2)

Those who test positive for COVID-19 with either lateral flow or PCR tests, regardless of whether they are symptomatic or asymptomatic, should isolate in the home for 10 days from when the symptoms started, or from the date of the test if they did not have symptoms. The manager should inform the person's GP and should:

• inform the HPT or local partner

• isolate the person for 10 days within their own room – it may be possible to reduce the

period of isolation (see below for further information)

• initiate 'rapid response' testing for all staff (see the testing section for full details)

• closely monitor the person's symptoms

• consider if the person is eligible for COVID-19 treatments (see the testing section below)

The person we support can receive one visitor whilst isolating. They can also be supported to use outdoor spaces within the grounds using a route where they are not in contact with other people we support.

Individuals who test positive for COVID-19 should take part in daily lateral flow testing from day 5 (counting the day of the original positive test as day 0). They can end isolation after receiving 2 consecutive negative tests 24 hours apart, or after 10 days' isolation. Any individual who is unable to test should be isolated for the full 10 days following a positive test. Isolation should only be stopped when there is an absence of fever (less than 37.8°C) for 48 hours without the use of medication.

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Organising support within care homes when a person we support tests positive for COVID-19

Consideration should be given to having a smaller number of staff dedicated to supporting the person during their infectious period.

Pulse oximeters will be available to care homes via their named clinical lead, or local clinical commissioning group (CCG), as part of COVID oximetry at home. One oximeter per 10 beds with a minimum of 2 oximeters per home is recommended. Equipment which is used to support the monitoring of the people we support will need to meet infection control and decontamination standards and guidance.

The Care Provider Alliance has produced guidance on COVID oximetry at home. Health Education England and West of England AHSN have also produced training and support for care home staff using pulse oximetry.

Care homes should have a weekly check-in with the home's PCN or multidisciplinary team, who can support staff to understand the RESTORE2 and NEWS2 scoring system as a way of monitoring people we support with symptoms. If a persons' symptoms worsen, it is important to contact NHS 111 or the registered GP for a clinical assessment either by phone or face to face.

The person we support's GP should give further advice on escalation and ensuring decisions are made in the context of the person's advance care plan. In a medical emergency, the care home should dial 999.

Admission of people we support to a care home from a care facility or the community

The people we support should take both of the following:

• a PCR test within the 72 hours before they are admitted (or a lateral flow test if they have tested positive for COVID-19 in the past 90 days)

• a lateral flow test on the day of admission (day 0)

These tests should be provided by the care home. If an individual test's positive on either of these tests and continues to be admitted to the care home, they should be isolated on arrival and follow the guidance above on people we support in a care home who are symptomatic or test positive for COVID-19.

LFD testing as detailed above should continue despite the pause on asymptomatic regular testing

Urgent care home admissions from the community

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For urgent admissions to a care home from the community, the care home manager should find out whether the person moving in has had a lateral flow or PCR test and, if so, when and what the result was. If the individual has taken a lateral flow or PCR test within 72 hours of the urgent admission into the care home, the care home manager should share the result with the Operations Manager.

If a PCR or lateral flow test has not been taken or was taken more than 72 hours before the urgent admission, the individual should be tested again with a lateral flow test by the care home. If the test result is positive, the individual should isolate in the care home and follow the guidance above on people we support in a care home who are symptomatic or test positive for COVID-19. LFD testing as detailed above should continue despite the pause on asymptomatic regular testing

Discharge from hospital into a care home

The NHS will do a PCR test within 48 hours prior to an individual's discharge into a care home, or a lateral flow test if the individual has tested positive for COVID-19 in the last 90 days. The test result should be shared with the individual themselves, their key relatives or advocate and the relevant care provider before the discharge takes place.

If an individual tests positive prior to discharge, they can be admitted to the care home, if the home is satisfied they can be supported safely. They should be isolated on arrival for 10 days and follow the guidance above on people we support in a care home who are symptomatic or test positive for COVID-19.

If an individual is being discharged to a care home from a location in the hospital where there was an active outbreak, they should be isolated for 10 days from the date of admission, regardless of whether their overnight hospital stay was planned (elective) or unplanned. This is to prevent possible introduction of infection into the care home. Information about hospital outbreak status should be provided as part of the discharge process. Individuals who are isolating should take 2 LFD tests on days 5 and 6, 24 hours apart, and if both are negative, they can end isolation early. Any individual who is unable to test should be isolated for the full 10 days following a positive test.

VISITING ARRANGEMENTS

There is no specific guidance, requirements or restrictions relating to locations other than care homes and higher risk supported living locations with regards to visitors.

There should not normally be any restrictions to visits into or out of the location. The right to private and family life is a human right protected in law (Article 8 of the European Convention on Human Rights).

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Visitors should not enter the location if they are feeling unwell, even if they have tested negative for COVID-19, are fully vaccinated and have received their booster. Transmissible viruses such as flu, respiratory syncytial virus (RSV) and norovirus can be just as dangerous as COVID-19. If visitors have any symptoms that suggest other transmissible viruses and infections, such as cough, high temperature, diarrhoea or vomiting, they should avoid the location until at least 5 days after they feel better.

Where visiting is modified during an outbreak of COVID-19 or where a person we support in a care home has confirmed COVID-19, they should be enabled to continue to receive one visitor inside the care home.

End-of-life visiting should always be supported, and testing is not required in any circumstances for an end-of-life visit.

Visitors to care homes (and higher risk supported living following a risk assessment) and PPE/testing

Visitors should wear the same PPE as staff when visiting, particularly when moving through the home. However, where the needs of the person supported and a risk assessment determines it, face masks may be removed when the visit is not in a communal area of the care home. However, other mitigations should be considered, including limiting close contact and increased ventilation (while maintaining a comfortable temperature).

Some people we support may need support with personal care from a visitor with whom they have a close relationship. Visitors who are providing personal care should wear appropriate PPE.

Regular asymptomatic LFD testing has been paused and so visitors are no longer required to have a negative COVID-19 lateral flow test result from a lateral flow device before entering a care home, this includes professionals and CQC.

Outward visits from care homes

The people we support in a care home will no longer be asked to isolate following high-risk visits out of the care home (including following emergency hospital stays) and will not be asked to take a test following a visit out.

TESTING

This guidance replaces all previous guidance for testing in social care in England and applies to all locations including care homes, supported living, adult day care centres, and personal assistants.

Asymptomatic testing

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Asymptomatic regular testing for staff has been paused but may be reinstated depending on national reviews of COVID-19 figures or emerging variant strains. (This does not include any outbreak testing, rapid response testing measures or any testing as part of moving into a care home). There is no longer an expectation for the people we support to be part of asymptomatic regular testing and free asymptomatic testing is no longer available other than for staff. Staff are expected to keep a supply of at least 2 LFD tests at home.

Eligibility for free testing in social care

Paid members of staff or volunteers who regularly attend a social care location (whether this is a care home, supported living, day centre or as a personal assistant) are eligible for free regular or asymptomatic testing. This does not include office-based staff members who do not enter these settings. For staff or the people we support who are not eligible for free testing LFD tests can be purchased in local pharmacies for the people we support who wish to test.

Symptomatic testing for staff and the people we support

Symptomatic testing is available for all staff. Free symptomatic testing is only available for the people we support in care homes and higher risk supported living. (The people we support outside of these settings will have to purchase test kits.)

As far as possible, the people we support should be offered the choice to either self-administer the tests or to have the tests administered by a suitable member of staff.

Rapid response testing in care homes and higher risk supported living

If one or more positive cases (staff or person we support) are found in a care home, or higher risk supported living location, then all staff should conduct daily rapid response LFD testing every day that they are working, for 5 days. This is not extended if further positives are found within the 5 days. Only the staff working in the location over the rapid response testing period need to be tested; those not working during this period do not need to be tested and staff do not need to come in on their days off to test. There is no guidance or requirement to test for the other people we support in the location if there is only one positive case.

Outbreak testing in small care homes (1-10 beds)

An outbreak consists of 2, or more, positive (or clinically suspected) linked cases of COVID19 that occur in the same location within a 14-day period. This applies to both staff and people we support and includes PCR and LFD results.

High-risk supported living settings do not have access to outbreak testing, therefore regardless of their size they should continue to adhere to rapid response testing as outlined above.

If there is only 1 positive case in a small care home rapid response testing should be initiated

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If there are 2 or more positive cases in a small care home the location should start outbreak testing as soon as possible. A small care home may decide to undertake rapid response and whole home outbreak testing at the same time or may only undertake outbreak testing in the event of 2 or more cases – rapid response testing should not delay outbreak testing in either case

Small care homes can therefore determine whether rapid response testing has value if there are 2 or more positive cases. For example rapid response testing of new staff would not be initiated if a high proportion of the staff are symptomatic or have tested positive, and new staff enter the home but rapid response testing has limited value in protecting the people we support if the majority have already tested positive; this may, however, still be beneficial to prevent further transmission among staff

This decision can be made by Inspired Care 4All managers and they should conduct a risk assessment to determine if an outbreak should be declared and to then determine what outbreak measures should be implemented. Further support is available from the local health protection team (HPT), community infection prevention and control team, local authority, or integrated care board (ICB) in accordance with local protocols at the care home's request.

The manager should inform the HPT or other local partner of a suspected outbreak, but they are not required to wait for advice from the HPT (or other relevant local partner) should they feel able to initiate a risk assessment independently.

Whole home outbreak testing in week 1 of an outbreak

All staff and the people we support should conduct both an LFD test and a PCR test on day 1 of the outbreak and another LFD test and PCR test between days 4 and 7. The LFD test will allow the identification and isolation of the most infectious cases immediately while awaiting PCR test results, therefore reducing the risk of the virus spreading. This testing is in addition to rapid response testing.

Ordering test kits (Care Homes, Supported Living and Day Centres)

NHS Test and Trace assigns all participating organisations a single Unique Organisation Number (UON) (an 8-digit number that is exclusive to an individual organisation and/or location). This can be used to log in to all online elements of the testing process including ordering, registering or when contacting the National COVID centre for support. To find an existing UON ask the manager or use the online UON look-up page, or call 119. To on-board a new location, use the self-referral portal to request a testing account. (For further information about the self-referral process please use the following link)

https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-socialcare-settings/covid-19-testing-in-adult-social-care

Ordering test kits with a UON (this applies to care homes, homecare, extra care and supported living and day care centres only).

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Use the link within the text for more information on how to Place an order of COVID-19 tests online. If you are a care home returning PCR tests through a courier you can also order return boxes through the same portal. To apply, you will need the UON and the total number of staff for testing. There will be a confirmatory email from organisation.coronavirus.testing@notifications.service.gov.uk when the test kits have been dispatched, informing them of their delivery date. Test kits will be delivered to the address registered to the UON. Call 119 regarding any queries about the order or for urgent orders. Test kits must be stored in line with manufacturer's instructions. Now that asymptomatic testing has paused for staff, managers placing an order should select 'symptomatic tests' for people displaying symptoms.

Registering and reporting testing

Every COVID-19 test must be registered to receive a result. Where possible the test should be registered using the UON. Reporting the result of every LFD test is encouraged, even if it is negative or void tests can be registered individually or register them using the multiple upload spreadsheet (please see the website for more information about multiple upload sheets).

PCR tests can be returned using priority post boxes. In care homes, couriers are also available for returning 9 or more tests. PCRs should be registered noting the barcode number and time of each PCR test against the name of the person tested. Register the completed test online as close as possible to the time of the swab.

Once the test is successfully registered, there will be a confirmation email or text message. When the test result is via email, this may not include the name of the person we support or staff member therefore should therefore retain a careful record of each test barcode and the name of the resident or staff member. Staff members should also retain a record of their own test barcode. If staff or people we support cannot report their own LFD test result online, results can be reported on the individual's behalf using the test results and test strip ID numbers. Alternatively, they can call 119 using option 1.

Testing within 90 days of a positive result

If a staff member has returned to work after testing positive for COVID-19, they should resume routine LFD testing, even if this is within 90 days of the positive COVID-19 test result. If staff or the people we support are tested with an LFD test within 90 days of a prior positive LFD or PCR test and the result is positive, they should start a new period of selfisolation and staff should stay at home.

Asymptomatic staff and people we support who do not have severe immunosuppression, and who have previously tested positive for COVID-19 by LFD or PCR test should be exempt from routine testing by PCR within 90 days from initial

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illness onset or test date. This does not apply if they develop new COVID-19 symptoms.

This exemption includes people we support without severe immunosuppression, who require routine testing within 48 hours prior to discharge from hospital into a care home.

If an individual is re-tested by PCR within 90 days of initial illness onset or prior positive COVID-19 test and the PCR test result is positive, a clinical risk assessment by a health professional is required to decide further action

ACCESSING COVID-19 TREATMENTS FOR PEOPLE IN THE HIGHEST RISK GROUP

Individuals who are in the highest risk group from COVID-19 can access new COVID-19 treatments directly if they are aged 12 or over, have symptoms of and have tested positive for COVID-19. Tests are being sent directly to these individuals to enable faster treatment of COVID-19 if they develop symptoms. Managers must support the person to safely store these priority tests so that they are available when needed. Each priority treatment test kit will have an information leaflet enclosed which details how these kits should be stored and provide full testing instructions.

If positive for COVID-19, the person we support will be contacted by a COVID-19 Medicines Delivery Unit clinician who will assess the person and decide on the appropriate treatment. In most cases the treatment prescribed will be antibodies given intravenously, however, if unsuitable for the individual, they will be given oral antivirals.

The full guidance for testing in adult social care can be found using the link below https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-socialcare-settings/covid-19-testing-in-adult-social-care

Database of Information

The registered manager is responsible for keeping a database of all suspected and actual cases of Coronavirus for their Division for staff affected by the Coronavirus and capturing those unable to be in work due to Coronavirus. Staff are responsible for notifying the registered manager if absent due to COVID-19 and when they are due to return.

TRAVELLING AND HOLIDAYS

The government is keeping travelling abroad under regular review and staff and the people we support should review the guidance for the country they are travelling to before making any travel arrangements. Travel and holidays within the UK are permitted without any conditions and as of 18 March 2022 there are no additional requirements such as testing, forms and quarantine for people travelling to the UK

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(regardless of their vaccination status). The government has contingency measures in the event of concerns about a new variant.

Holidays and travel for the people we support

In addition to the normal planning required to booking travel as per the 'Holidays for People we support', when planning any holiday an appropriate risk assessment is required considering the risks associated with COVID 19 including cancellation policies and appropriate insurance.

RIDDOR

COVID-19 incidents may need to be reported under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) when:-

If a person at work (a worker) has been diagnosed as having COVID-19 attributed to an exposure at work to coronavirus, due to breaches in Personal Protective Equipment (e.g. PPE not being provided/ not being worn or PPE failure). This would be reported as a case of Occupational Exposure/ Disease. Or a worker dies as a result of work-related exposure to coronavirus (e.g. PPE not being provided/ not being worn or PPE failure). Which would be reported as a work-related death due to exposure to a biological agent.

In either of the above instances you should follow the organisation's accident and incident reporting policy and inform the registered manager.

KEY LINKS TO FURTHER GUIDANCE

https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-socialcare-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-controlresource-for-adult-social-care

https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-socialcare-settings/covid-19-testing-in-adult-social-care

https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-toself-isolate-and-what-to-do/

https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-includingcovid-19

https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-riskfrom-coronavirus/

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