



# Information

## for adult social care providers

CORONAVIRUS  
**PROTECT  
YOURSELF  
& OTHERS**



### **Bulletin 98 – 22 July 2021**

Dear Colleagues,

Please find information below on several COVID-19 related matters for your attention.

#### **COVID-19 restriction changes from 19 July 2021**

Most legal restrictions to control COVID-19 were lifted from 19 July 2021. Due to the nature of the settings and vulnerability of the population, PPE and other infection prevention and control (IPC) measures should continue to be practised in care homes whilst detailed national guidance is awaited.

#### **Exclusion from isolation for close contacts in exceptional circumstances**

You may be aware of new government guidance indicating that in exceptional circumstances frontline social care staff who are a close contact of a confirmed positive case can attend work rather than self-isolate, with testing mitigations.

The decision to allow social care staff to attend work after being told to self-isolate should be made on a case by case basis, and only after a risk assessment authorised by key individuals in your organisation and the Council.

The Council is currently defining what the criteria will be and the process to be followed to determine such providers, worker roles and situations.

We will supply further information via a bulletin. In the meantime you must not attempt to apply the exception. Workers must observe self-isolation in line with the existing requirements.

#### **PPE guidance updates**

PPE guidance for adult social care is kept under constant review, and DHSC and PHE have updated the guidance as new evidence emerges. Guidance on recommended PPE for each scenario within [care homes](#) and [home care](#) services remains the same from Monday 19 July 2021 when updated to reflect England moving to step 4 of the roadmap. This includes guidance on FFP3 face masks, which are only required when carrying out an Aerosol Generating Procedure (AGP) in adult social care.

The technical standards for transparent masks have changed and are expected to be published on [www.gov.uk](http://www.gov.uk) next week.

### **Visiting arrangements in care homes**

Care home visiting should be supported and enabled where possible to do so safely, within an environment that is set up to manage risks. Outdoor, screened visiting should be used to enable residents to see more people than their named visitors.

There is no limit on the number of 'named visitors' that a single resident can have and no nationally set limit on the number who can visit in a single day - this will be at the care home's discretion. It is still recommended that the home has an arrangement to enable booking appointments for visitors. Ad hoc visits cannot be enabled. These named visitors should be tested with lateral flow tests on the day of every visit.

The default position will be to continue wearing [appropriate PPE](#), including face masks, for all visits. Physical contact should be kept to a minimum, and high-quality infection prevention and control practice should be upheld.

In the event of an outbreak, visiting should stop immediately (except for essential care givers, and in exceptional circumstances such as end of life). A risk assessment will determine whether window, pod or outdoor visits can continue.

The DHSC Visiting Policy Team has published some additional resources to support care home visiting arrangements on the Skills for Care website – there is the Q&A, letter from the Minister of State for Care, and a template letter for care providers to share with visitors: [COVID-19: Guidance from other agencies \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

The team are also developing a poster asking visitors to wear face masks in care homes, and this will also be published on the website soon.

### **Visits out of the care home**

Certain activities carry inherently higher risks of COVID-19 transmission, and in these situations, a resident should self-isolate upon return to their care home:

- overnight stays in hospital
- visits assessed to be high-risk following an individual risk assessment

Other visits that are not deemed high risk (after the individual risk assessment) should be supported, and not subject to self-isolation upon return. Risk assessments will consider the vaccination status of residents, visitors and staff, testing for those accompanying the resident, or those they intend to meet. It should also include levels of infection within the community, variants of concern, and where the resident is going and the activities, they are likely to be doing. Crowded places (and public transport) should be avoided and social distancing maintained.

Where possible, anyone who the resident meets indoors as part of a visit should undertake a lateral flow device test and should be reported to the Unique Organisation Number (UON) of the care home.

If the resident is accompanied by a member of care home staff, a risk assessment should be carried out to assess the COVID-19 transmission risk to the care worker arising from any activities during the visit. If necessary, the staff member should take the required additional PPE, as well as the means to safely store or dispose of it, along with a spare, replacement face covering when they leave the care home.

Vaccination is one of our best defences to combat infection. It significantly reduces the transmission of the virus, particularly following 2 doses. It is strongly recommended that all staff, residents and their visitors take the opportunity to be vaccinated.

### **National flu immunisation programme 2021-22**

The Government has announced its plans for seasonal flu immunisation. The full letter is available [here](#). The letter states that the immunisation will remain free to all health and social care workers.

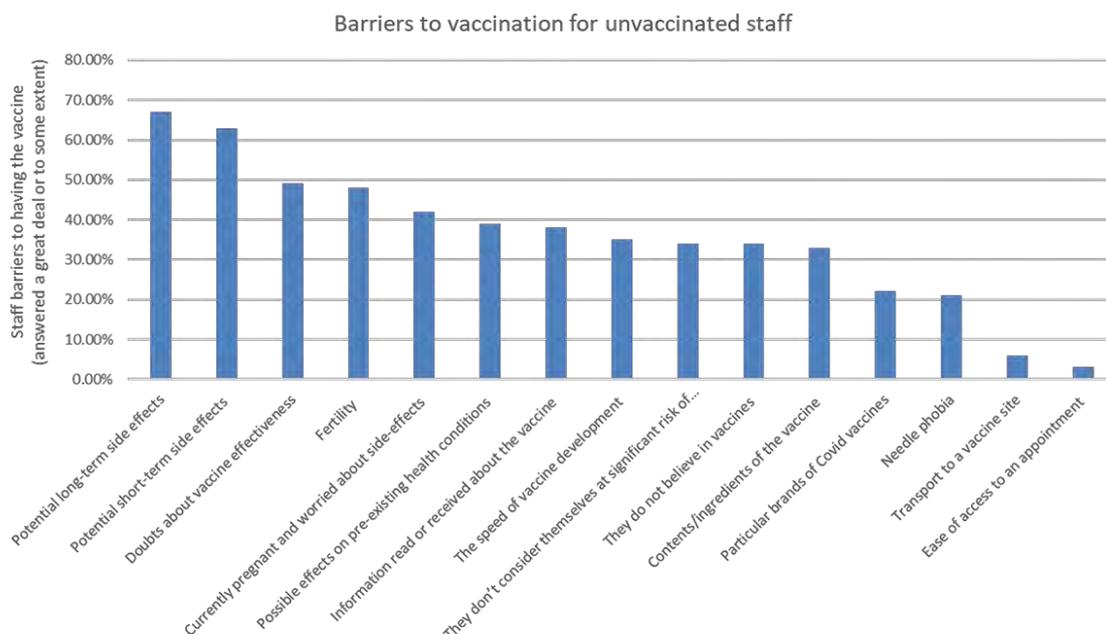
### **Mandatory COVID-19 vaccination for people working in care homes**

The mandatory vaccination of people working in care homes is likely to be confirmed by the government this week, with an expected 16 week lead-in period for unvaccinated workers to have their first and second doses before the full implementation date in early to mid November. We are working with colleagues in the City and Rutland to bring you tools to support you in managing this new requirement for your staff, and organisations visiting your home. In the meantime we strongly encourage you to seek advice on the implications of the new requirement for your workforce, and to update your business continuity plans.

Thank you to those managers who completed the survey looking at demographics, barriers, and motivators to having the vaccine from staff. A total of 39 surveys were completed for Leicestershire, representing 2349 members of staff.

The key findings from the survey are as follows:

- The highest percentage of unvaccinated staff are within the 25-34 age band, with 60% of those unvaccinated being under 35 years old.
- Overall long and short term side-effects were cited as the largest barriers.
- The top ranked motivator for having the vaccine was to return to normality, closely followed by reducing own risk, risk to residents and protecting friends and family.



The results from the survey are allowing us to target our support to best meet you and your staff needs. If you have any other insight or comments then please get in touch: Hollie Hutchinson, Health Improvement Manager  
[hollie.hutchinson@leics.gov.uk](mailto:hollie.hutchinson@leics.gov.uk).

### Adult social care provider COVID-19 conference calls

Regular conference calls for adult social care providers have been running since the early days of the pandemic, to share information, discuss current issues and understand how the Council can support you.

Following discussion with providers, the COVID-19 calls will continue until December and potentially beyond. A new schedule of meetings is now available at <https://resources.leicestershire.gov.uk/adult-social-care-and-health/working-with-you-during-coronavirus/provider-teleconferences>. Please note any new start time and frequency for your usual COVID-19 meeting, to accommodate provider feedback and new forums covering strategic and contractual matters which are also being established.

Your attendance on our calls is strongly encouraged and we value your input.

Yours sincerely,

Jon Wilson  
 Director of Adults and Communities

Mike Sandys  
 Director of Public Health

The archive of all previous COVID-19 provider bulletins released since March 2020 can be found at <https://resources.leicestershire.gov.uk/adult-social-care-and-health/working-with-you-during-coronavirus>