



Information for adult social care providers

Covid-19 and Flu

Bulletin 137 – 7 April 2022

Dear Colleagues,

COVID-19 testing in ASC

This guidance is for providers and staff to set out the current testing regime across adult social care. As prevalence changes, this guidance is subject to regular review.

Unless stated otherwise, this guidance replaces all previous guidance for testing in adult social care and applies to:

- care homes
- homecare organisations
- extra care and supported living services
- adult day care centres
- personal assistants
- shared lives carers
- social workers

Eligibility for free testing

Care homes and homecare organisations are eligible for free testing if they are regulated by the Care Quality Commission (CQC).

Extra care and supported living settings are eligible if they meet one of the following criteria:

- The setting is a closed community with substantial facilities shared between multiple people.
- It is a setting where most residents (more than 50%) receive the kind of personal care that is CQC-regulated (rather than help with cooking, cleaning and shopping).

Day care centres are eligible if they are run by paid care staff. Services must be for adults over 18 and must be provided within non-residential care settings that support the health and wellbeing of adults.

Personal assistants are eligible if they are directly employed by an individual (or self-employed) to provide care and support to an adult to enable them to live as independently as possible. This care could include support in the home, or to go out into the community.

Shared Lives carers are eligible if they are working with a regulated Shared Lives scheme to provide care and support to an adult to enable them to live as independently as possible. This includes both carers who live with the person they support and those who live separately.

Social workers are eligible if they work with adults requiring support for their health, wellbeing and social care needs and are regulated by Social Work England.

Symptomatic testing

If an individual experiences any of the main [symptoms of coronavirus \(COVID-19\)](#), they should stay away from work and immediately take a lateral flow device (LFD) test. They should take another LFD test 48 hours after the first test. Please note that the list of symptoms identified to be eligible for testing has now increased.

Staff can return to work if both LFD test results are negative and medically fit to do so (subject to discussion with their line manager or employer and a local risk assessment). If the individual is symptomatic but gets two negative results, they may have another infectious illness like flu.

Symptomatic people receiving care should be advised to keep away from others until 48 hours after their symptoms have resolved. Further actions may still be needed to limit transmission including using appropriate PPE when working with people who are unwell.

If a staff member receives a positive result, they should stay at home and avoid contact with other people. If symptomatic, the day the symptoms begin is classed as day 0. For asymptomatic staff who test positive, day 0 is the date the test was taken.

Social care 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. Once two consecutive lateral flow tests results are

negative, they may return to work immediately after the second negative lateral flow test result (from 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 cares for people who are at higher risk of becoming seriously unwell with COVID-19 (seek clinical advice as necessary), careful 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 the staff member works with people who are especially vulnerable to COVID-19 (seek clinical advice as necessary), a risk assessment should be undertaken, and consideration given to redeployment.

Note that PCR tests are no longer used for symptomatic testing.

Asymptomatic testing

Staff should conduct 2 LFD tests per week, taking them before they begin work, spaced 3 to 4 days apart. This also applies to staff who provide care and support to the individual they live with, for example, live-in carers.

Contacts of confirmed cases

Staff who are contacts of confirmed cases can continue working - there is no longer a requirement for additional testing. The testing regime described above should continue. They should comply with all relevant infection control precautions and PPE should be worn properly throughout the day.

If the staff member works with people who are especially vulnerable to COVID-19 (seek clinical advice as necessary), a risk assessment should be undertaken, and consideration given to redeployment during the 10 days following their last contact with the case.

Consideration should be given to how to ensure staff can deliver safe care 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 risk such as distancing, maximising ventilation, PPE and cohorting. This should be built into provider's general risk assessments for responding to infectious diseases and ensuring safe staffing levels are maintained. Note that routine contact tracing has now ended.

Visitor testing

Visitors to care homes will no longer need to test before entering but are asked to take necessary precautions to keep themselves and their loved ones safe, in line with general population guidance. A small number of visitors who are providing personal care will be asked to test before entering up to twice weekly if visiting more than twice, with free LFD tests available for these visitors.

NHS staff, CQC inspectors and social workers will continue to have access to free testing and should show evidence of negative tests up to twice weekly prior to entry to a care home. Visiting professionals who provide personal care will also be asked to test before entering in the same way as visitors providing personal care with tests provided to the care home for this purpose.

All other visiting professionals will not need to test prior to entry.

Resident isolation

Care home residents 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. Residents will only be asked to isolate for 10 days if they test positive for COVID-19 or if they are discharged from an area of a hospital in active outbreak, or if the care home is in outbreak. If a home admits someone who is COVID-positive they should isolate them from residents who have not tested positive, and where possible, have staff dedicated to their care.

Outbreak testing

Rapid response testing: Triggered by a single positive result in a care home, adult day care centre, or high-risk extra care and supported living setting. All staff who are working should undertake daily rapid LFD testing for 5 days. Staff who are not scheduled to work should not be brought into work to test.

If 2 or more cases are identified within a setting within a 14-day period, the UKHSA Health Protection Team should be notified, who will perform a risk assessment. They will advise on whether whole home outbreak testing is required and discuss a recommended schedule. If the setting is advised to initiate whole home outbreak testing, all staff and residents 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.

After the first week of outbreak testing has been completed, staff should continue regular twice-weekly asymptomatic LFD testing. Once there have been at least 10 days with no new COVID-19 cases or newly symptomatic individuals, outbreak recovery testing should be undertaken- all staff and residents (who have not tested positive in the last 90 days) should be tested with a PCR test. If there are no positive PCR results from outbreak recovery testing, the Leicestershire County Council HPT will advise that outbreak restrictions can be lifted and the normal regular staff testing pattern should be followed. If there are further positive results from outbreak recovery testing, then the HPT may advise that outbreak restrictions should continue until no further positives are found for 10 days, before advising that the outbreak has ended.

IPC in ASC

The points below apply to adult social care settings and services in England and should be read in conjunction with the [infection prevention and control \(IPC\) resource for adult social care](#).

Face coverings

Face masks should be worn by all care workers and visitors in care settings. Visitors should wear a face mask when visiting a care home, particularly when moving through the home. Individual approaches may be needed as the wearing of face masks may cause distress to some residents. In circumstances where wearing a face mask causes distress to a resident, 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).

Aerosol-generating procedures

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 I, II or IIR mask depending on what is most appropriate for the next task. If undertaking an AGP in someone's own home, FFP3 respirators and face masks should be removed and disposed of when leaving the house.

The use of FFP3s is governed by health and safety regulations and they should be fit tested to the user to ensure the required protection is provided. The Health and Safety Executive (HSE) provides [information and tools to help select and manage the use of respiratory protective equipment \(RPE\)](#).

Workers 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.

Workers should wear gloves, aprons and eye protection when carrying out AGPs. Where there is an extensive risk of splashing, workers should wear gowns instead of aprons.

Vaccination

Whilst mandatory vaccination in social care settings has now been revoked, vaccination remains a primary protection measure against COVID-19, reducing the risk of serious illness, hospitalisation and death. To minimise risk to people who receive care and support, health and social care providers should encourage and support all their staff to get a COVID-19 vaccine and a booster dose as and when they are eligible, as well a vaccine for seasonal influenza.

Everyone eligible can either book their first dose, second dose and booster dose of a COVID-19 vaccination online via the [national booking service](#) or can attend a walk-in centre.

Personal protective equipment

Appropriate personal protective equipment (PPE) should be worn by care workers and visitors to residential care settings, subject to a risk assessment of likely hazards such as the risk of exposure to blood and body fluids.

For PPE to be effective, it is important to use it properly and follow [instructions for putting it on \(donning\) and taking it off \(doffing\)](#). All used PPE should be disposed of appropriately. In addition to [recommendations for standard precautions](#) (for example, when there is a risk of contact with blood or body fluids), gloves and aprons should be worn when the care worker or visitor is providing close care for a person who has suspected or confirmed COVID-19. These should be removed and disposed of upon leaving the room.

If the person being cared for has suspected or confirmed COVID-19, it is recommended that eye protection is worn when providing close care for them, or when cleaning their room. Eye protection should be worn if there is a risk that splashes, droplets or secretions from the person's mouth, nose, lungs or body fluids may reach the care worker or visitor's eyes, and when undertaking aerosol-generating procedures (AGPs) (see section below on AGPs)

Onboarding to the PPE portal

From the beginning of April, the Leicestershire Resilience Forum will no longer be required to provide personal protective equipment (PPE) to the local area.

Instead, the Department of Health and Social Care (DHSC), in partnership with NHS Supply Chain, have implemented a new PPE portal platform to ensure continued access to free PPE and related items for eligible users until 31 March 2023.

Providers and individuals that the local authority and local resilience forums are currently supplying to will need to migrate across to the new portal and can request access to the PPE portal by filling out the [online sign-up form](#).

Full [PPE portal guidance](#) can be found on the government's website.

If you have any questions or concerns about the portal, please get in touch directly with the DHSC by emailing ppe-portal@dhsc.gov.uk.

DHSC: excess personal protective equipment (PPE) for sale

Over the course of the coronavirus (COVID-19) pandemic, the UK government has delivered more than 19.1 billion items of personal protective equipment (PPE) to protect frontline health and care staff.

As we move into the next phase of managing COVID-19 in England, following the vaccine roll-out, DHSC are looking at ways to reduce the levels of stock of PPE where there are excess quantities.

They are taking this approach to reduce the costs to the taxpayer in storing excess stock and reduce expired excess stock through the waste management hierarchy.

Alongside international and domestic donations, and recycling PPE, DHSC is now piloting the sale of surplus PPE through an approved auction site. [Access the site and view the live auctions](#).

FUNDING UPDATE

Annual fee increases for April 2022

Fee increases for residential care, home care for Leicestershire, supported living, and community life choices (which were circulated on Thursday 31 March for the 2022/2023 financial year) will take effect from Monday 11 April 2022, to correspond with benefit payments.

During the 2022/2023 financial year, we will be working on implementing the DHSC's [market sustainability and fair cost of care policy](#). This will include provider engagement, analysis of the cost of care, and the publication of the market sustainability plan. It will assess and demonstrate how we ensure local care markets are sustainable, as the social care reforms are implemented.

ASC worker retention package

A total of £6.2 million has been paid so far. The payment for remaining providers who applied for the package is in progress and will be made in the coming week. As previously advised, the deadline for submitting requests has now passed, and those received after the deadline cannot be paid. If you have any queries, please advise us by Thursday 14 April. Unfortunately, we will not be able to deal with any queries raised after that date.

Infection control and testing fund: round 3 (ICTF3)

Payments have been made in relation to reported expenditure for October 2021 to January 2022, and discretionary fund payments have also been issued. Later this week, providers will be able to report expenditure for February and March 2022 through an online form. Payments in relation to this expenditure are expected to be made in May 2022. No further rounds of infection control funding have been announced, so ICTF3 will be the last round of this type of financial support.

Workforce recruitment and retention fund: rounds 1 and 2 (WRF)

Payments have been made in relation to reported expenditure for October and November 2021. Payments relating to expenditure for December 2021 and January 2022 are expected to reach providers in May 2022. Later this week, providers will be able to report expenditure for February and March 2022 through an online form. Payments in relation to this expenditure are expected to be made in May 2022. No further rounds of WRF have been announced, but in the context of the social care

reforms central government has announced a workforce fund worth £500m nationally. Look out for more information about this fund later in the year.

Yours sincerely

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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>