



16 February 2021

To: Directors of Public Health

CC: Directors of Adult Social Services, Local Authority Chief Executives and Regional NHS Testing Leads

Dear Directors of Public Health

Changes to coronavirus outbreak testing in care homes

As you will be aware, in December 2020 we amended the policy so that when a positive case is identified (from either staff or residents), all staff are tested daily for 7 days using Lateral Flow Device tests (LFD). We are now further expanding the use of LFDs in care homes and I am writing to confirm the following amendments to the outbreak testing policy:

- From 22nd February, residents should be tested using LFD at the same time as the outbreak PCR tests on day 1 and again between day 4-7 in a new outbreak. As with all testing of residents, if the resident is unable to consent to the test, the care home should consider the principles of the Mental Capacity Act 2005 and 'best interests decisions'.
- Daily staff LFD testing is being extended beyond day 7 if positive tests are still occurring (from 22nd February onwards).
- With immediate effect, care home outbreak PCR testing for staff and residents at the start of a new outbreak is moving from Pillar 1 (local PHE and NHS labs) to the usual care home testing process through Pillar 2 (the National Testing Programme) to simplify the process and speed up test results.

These changes are based on SAGE and Public Health England advice for how to use testing in a care home outbreak to improve the speed at which cases are identified, reduce transmission and save lives. Rapid response daily LFD testing following a positive result has already helped care homes to get on top of outbreaks since it was introduced in December 2020 and we have worked with key stakeholders including ADPH and ADASS to develop this policy. The outbreak section starts on page 39 of the [care home testing guidance](#), please also see this [infographic](#) which summarises the new outbreak testing process.

In the early stages of an outbreak, having test results available more quickly helps to identify those infected so that appropriate action can be taken. LFD testing can help to quickly understand the extent of the outbreak in a care home – in both staff and residents – and this information is important to rapidly inform the implementation of isolation and infection control strategies. All infection control measures are important, but as we have seen, the current measures (including the current testing regime) have not always stopped the spread of infection and there continues to be transmission within some care homes. Using LFDs for staff and residents in this way, is a further tool to help contain outbreaks and reduce transmission.

Whilst vaccination offers vital protection, no vaccine is 100% effective, and importantly we do not yet know if being vaccinated prevents transmission of the disease. In order to identify

positive cases and continue to monitor the effects and transmission of coronavirus, we must continue to operate a thorough and meaningful testing programme, even in settings where vaccines have been administered. Vaccination is just one tool in our collective response and recovery from the effects of coronavirus, and so testing and other infection control measures including appropriate PPE will continue to be the necessary and proportionate approach to help keep care home residents and staff safe.

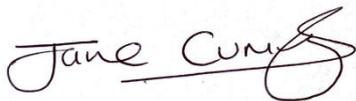
Whilst the policy change to using the same process for outbreak PCR testing as regular testing should help simplify and make the outbreak PCR testing easier for care homes, we are aware that the expansion of LFD testing is a significant increase in testing during outbreaks. The approval of self test LFDs, should help address the testing burden for care homes, while the new user profiles function should enable staff to register their LFD tests more quickly. The £120 million fund for Local Authorities to support the social care sector to increase workforce capacity and the £149 million Rapid Testing Fund announced in December, should also help support care homes to manage increased testing.

We previously announced in the Winter Plan that we would increase regular testing for care home residents using LFD tests. However, the view from SAGE is that increasing regular resident testing (beyond the monthly PCR) provides only marginal benefits that may be indistinguishable from other proposed strategies focused on staff, and additional testing would also have a further impact on residents. Therefore, based on this advice, we are not increasing regular resident testing. However, SAGE advice is that testing of residents during an outbreak is important and recommends the addition of LFD to the outbreak PCR tests (as set out above) given the value of rapid results in enabling action.

We would also like to draw your attention to the [amended guidance on page 9](#) regarding changes to LFD testing within 90 days of a positive coronavirus test. From now on, if someone tests positive with a PCR test, they should not be tested using PCR or LFD for 90 days, unless they develop new symptoms during this time, in which case they should be retested immediately using PCR.

We will continue to keep the policy under review to ensure that it remains appropriate over time as prevalence falls and in light of vaccination. As always, thank you for your continued involvement in, and support for, the testing programme.

Yours sincerely

A handwritten signature in black ink that reads "Jane Cummings". The signature is written in a cursive style with a long, sweeping underline.

Jane Cummings
Director,
Testing Policy,
Adult Social Care
DHSC