



Office for Health
Improvement
& Disparities



UK Health
Security
Agency

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To: Directors of Public Health & Directors of Adult Social Services

On Behalf of UKHSA NW, OHID NW and NW ADPH

Advice on Care Homes Affected by Covid-19 in anticipation of high case rates associated with the Omicron variant.

On the 24th December 2021, a letter was sent out from the Chief Executive of UKHSA and the President of Association of Directors of Public Health **Local flexibility in supporting social care settings.**

Within the letter was the paragraph:

“There is already local flexibility within Government guidance to allow for residents to be safely admitted to a care home including when the care home is under outbreak restrictions. Local public health teams and DsPH should take a risk-based approach to considering where there could be flexibility to allow care homes to open up to admissions sooner than 28 days.”

With Omicron now the dominant variant, rates of infection in those aged 60 and over, overall positivity and hospital admissions are increasing. Although we are seeing an increase in outbreaks in care homes, we are not yet seeing commensurate increases in severe illness in these settings and this is being kept under close review. Levels of infection remain high across the region and are expected to increase over the coming weeks.

Given the current pressures across the health and care system, UKHSA (Dr Sam Ghebrehewet) and Regional Director of Public Health (Dr Andrew Furber) in partnership Association of Directors of Public Health North West have agreed that the ‘standard variant outbreak management’ of 14 days restrictions after the most recent confirmed case be recommended for the **majority** of care homes as standard across the region.

The UKHSA/ADPH joint national letter allows for proportionate local discretion and flexibility in care homes reopening for admissions. The North West recommended approach builds upon our understanding of Omicron, responds to the current epidemic escalation, and re-aligns care home outbreak management back to accepted practice for COVID-19 infections.

We are now keen for this standard to be uniformly implemented across the North West region and ask all DsPH and Directors of Adult Services to support the ‘standard variant outbreak management’ of 14 days for the majority of Care homes noting that there may be exceptions based on local risk assessment that merit an Incident Management Team and where extension of restrictions are required.

Finally, we would be grateful if the following key messages could be disseminated to care homes to support their continued efforts in keeping residents and staff safe.

Please always refer to the extensive guidance on Gov.UK:

[COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-management-of-staff-and-exposed-patients-or-residents-in-health-and-social-care-settings)

Outbreak criteria

Two or more test-confirmed cases of COVID-19 or clinically suspected cases of COVID-19 among individuals associated with a specific setting with illness onset dates within 14 days. Notify the Health Protection Team and follow the guidance provided.

Note: If there is a single test-confirmed case, this would initiate further investigation and risk assessment. An outbreak would be declared if the investigation ascertained a second COVID-19 case (test-confirmed or clinically suspected).

The standard point that 'end of outbreak' can be declared is 14 days after onset of symptoms in the most recent case/test date, and once whole home recovery testing of all residents and staff has taken place showing no new positive cases, normally day 14. Any additional cases identified through care home testing in the next 14 days must be reported by the home for an immediate risk assessment. Any exception to this standard should be determined locally through an Incident Management Team meeting in collaboration with the Local Authority Director of Public Health (their designate) and the UKHSA Health Protection Team.

Admission to Care Homes During Outbreaks

There is flexibility in Government guidance to allow for residents to be safely admitted to a care home including when the care home is under outbreak restrictions. Local public health teams and DsPH working closely with the care home should take a risk-based approach taking into account the size of outbreaks and whether they only affect staff; and the care home environment, including size/layout, rates of booster vaccination and current Care Quality Commission (CQC) rating. Local NHS nursing teams can help provide additional advice and support on good IPC practice.

Visiting during outbreaks

There are options outlined in the guidance for continuing some visiting during an outbreak, including for nominated care givers, end of life visits and use of alternative visiting arrangements. Other issues to be considered including, but is not limited to, vaccination status of the individuals and their ability to effectively isolate, where in the outbreak timeline the home is, is there a rising tide of cases and type of care home. If all cases are in staff, this will still be subject to a risk assessment regarding the staff affected and whether there is evidence of transmission in the home.

Updated full national guidance on visiting: [Guidance on care home visiting - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-guidance-on-care-home-visiting)

The reinforcement of rigorous infection control and prevention measures is essential, including use of personal protective equipment (PPE) (right time, right place) and which includes the safe donning and doffing of PPE. Please check:

- 1) staff are following guidance
- 2) whether staff need further training
- 3) staff are sharing good practice (as there is a lot of good work amongst staff)
- 4) for any gaps in IPC implementation, which need more support.

Staff Member Receives a Positive Result

If a staff member receives a positive SARS-CoV-2 PCR test result, they must complete a period of self-isolation. The isolation period includes the day the symptoms started or the day their PCR test was taken if they do not have symptoms, and the next 10 full days. Staff may be able to end their self-isolation period before the end of the 10 full days by undertaking an LFD test on the sixth day and seventh day of their isolation period (24 hours apart). If both these LFD test results are negative, they may return to work on day 8 under the following conditions:

- the staff member should not have any COVID-19 symptoms
- the staff member should continue to undertake daily LFD tests on day 8, 9 and 10 of their isolation-period. If any of these LFD test results are positive the staff member should isolate and should wait 24 hours before taking the next LFD test
- if the LFD test is positive on the 10th day, daily LFD testing should continue and the staff member should not return to work until a negative LFD test result is received
- on days the staff member is working, the LFD test should be taken prior to beginning their shift, as close as possible to the start time
- the staff member must continue to comply with all relevant infection control precautions and PPE must be worn properly throughout the day
- if the staff member works with patients or residents who are especially vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment for the remainder of the 10-day isolation period.
- If any of the above cannot be met, the staff member should not come to work and should follow the stay-at-home guidance for the full 10-day period.

Vaccination and Boosters

Booster vaccinations of course remain vital in protecting this vulnerable population. Please support/encourage all staff to get their booster.



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