



## Contact tracing for care homes when a staff member or resident is COVID-19 positive

### Key actions

- All cases (confirmed or not) should immediately self-isolate for 10 days
- **For every confirmed case (LFD or PCR) – resident or staff – the care home must carry out contact tracing**
- The care home should tell people who they identify as close contacts within their setting to self-isolate

### Areas of consideration

**A person who has symptoms or tests positive is termed a “case”.**  
**A “confirmed case” is one who tests positive (LFD or PCR)**

**It is the responsibility of the care home to identify close contacts of every case within that care setting and instruct them to self-isolate (where relevant).**

Before asking each case about their close contacts, you should tell the case that the information provided will be kept in strict confidence. What is told will only be used to support the public health and care home response to coronavirus.

**If a close contact develops symptoms, then they should get tested** - staff through the online portal [Coronavirus \(COVID-19\): getting tested](#) or dial 119, residents through the care home’s routine mechanisms

See [COVID-19: management of staff and exposed patients or residents in health and social care settings](#) and [Admission and care of residents in a care home during COVID-19](#) for full guidance

### Cases – Isolation periods and Infectious Period

**Day 0 is the date that symptoms started (or if no symptoms, then the date of test).**  
**The INFECTIOUS PERIOD is from 2 days before day 0, up to and including 10 days afterwards (extended to 14 days for all residents and for staff who are hospitalized).**

**Cases should self-isolate 10 days and until free of fever for 48 hours.** They may be able to come out of isolation after two negative LFD tests taken 24 hours apart, taken no earlier than days 5 and 6.

Identifying contacts of cases can sometimes be challenging, the Health Protection Team are available to discuss any aspects of this process.

Remember that if you have two or more cases, then you may have an outbreak and you should contact the Health Protection Team [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk) (working hours only) or 0300 303 8162



## Contacts – Isolation periods

### Resident close contacts should self-isolate.

- Fully vaccinated residents (two primary doses and one booster) can end their self-isolation if they receive 3 consecutive negative lateral flow tests taken on days 4, 5 and 6
- Residents who are not fully vaccinated can end their self-isolation if they receive 3 consecutive negative lateral flow tests taken on days 6, 7 and 8
- Any resident who is unable to test – regardless of their vaccination status – should self-isolate for 10 days

### Staff close contacts should not come to work

- If staff are not fully vaccinated (at least two COVID-19 vaccines) and they are close contacts of a case, they should not attend work for 10 days. Otherwise:
- Staff are advised to get a PCR test. They should not work until the result of the PCR test. If negative, then they can return to work but **must carry out LFD testing before each daily shift for 10 days** following their last contact with the case (even on days they are not at work). **If positive, then they become a case** (see above)
- If they have had a positive LFD or PCR test in the previous 90 days, they should omit the PCR test and may come to work after a negative LFD test each day as per above.

## Who are the close contacts of a case?

**If the correct PPE was worn WITHIN THE CARE HOME, staff will not be considered as a contact for the purposes of contact tracing and isolation** as long as staff have been trained in the use of PPE and are adhering to the correct processes (including donning and doffing).

- Each staff case or close contact should be sensitively questioned by a member of the management team as to whether there were any breaches in the use of their PPE
- Specifically ask about car shares, kitchens, meal areas, staff rooms, other communal areas, break times, smoking shelters, shared kettles, crockery etc
- See PHE guidance [How to work safely in care homes](#)

**The use of face masks and other forms of PPE does not exclude somebody from being considered a close contact unless they are providing direct care to patients or residents in a health or care setting** e.g. in a vehicle, or in a staffroom, or smoking outside during breaks. Here, the likelihood of a breach in infection control or social distancing is much higher. Therefore, a cautious approach should be taken to exclude staff contacts from work in these scenarios.

### Definition of a close contact:

- Live in the same household or have stayed overnight with a confirmed case of COVID-19
- Have had face-to-face contact with a case less than 1 metre away e.g. talking, being coughed on
- Have been within one metre of a case for one minute or longer without face to face contact
- Have been within 2 metres of a case for more than 15 minutes (either as a one-off or added up together over one day)
- Have travelled in the same vehicle as a case

Additionally for residents:

- If they live in the same unit/floor as a confirmed or possible case (e.g. share the same communal areas)



For use by care home as needed

Name of case:

Place of work (staff member) or location (resident):

Role within care setting:

Day 0 ie. date of symptom onset/positive test result if asymptomatic (dd/mm/yy):

Date of return to return to work (staff) or end isolation (resident):

Name of Contact	Date of 1st vaccination	Date of 2nd vaccination	Date of Booster	Date of Exposure	Brief detail of exposure	Date contact has been told to self-isolate and by whom	Date of expected return to normal activities/workplace.