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| **Isolation period** | Positive individuals should isolate for up to 10 days but, from day 5 onwards, if two consecutive negative LFD tests are received 24 hrs apart, isolation can end provided they feel well enough to resume normal activities and they no longer have a high temperature if they had one. |
| **Eligibility for PCR test** | A person is ineligible to take part in any PCR testing if asymptomatic **AND** within 90 days of their initial illness onset or positive test date. Ineligible persons should still take part in any LFD testing. |

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| **Single Case of COVID-19 in a care home setting** | | | |
| **Definition** | One case of Confirmed COVID-19. | **Testing** | Staff to undertake 5 days of pre-shift LFTs |
| **Reporting** | Do *not* report to UKHSA, **BUT** alwaysreport every case of COVID-19 on the Capacity Tracker in a timely manner. | **Admissions** | Admissions can continue as normal. |
| **Visiting** | Visits can continue as normal. |

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| **Cluster or Outbreak of COVID-19 Cases in a care home setting** | | | |
| **Definitions** | **Cluster** | | To be a classed as a cluster there must be:   * Between two and four cases of COVID-19 among residents and/or staff within a specific setting, with illness onset dates within 14 days; **AND** * Cases considered highly likely to have acquired their infection outside setting; **AND** * Transmission within setting considered to be highly unlikely. |
| **Outbreak** | | Two or more COVID-19 cases among residents and/or staff, who are linked within a specific service/setting and with illness onset dates within 14 days. |
| **Reporting** | * Report to UKHSA - see footer for contact details **AND** * Always report every case of COVID-19 on the Capacity Tracker in a timely manner AND * Report locally via any agreed processes to your LA and/or ICB | | |
| **Testing** | **Cluster and Outbreak** | | * **Day 1**: Whole home PCR and LFD test on all eligible staff and residents. Working staff also need to do 5 Days of Rapid Response LFD testing. * **Day 4 to 7**: Whole home PCR and LFD test on all eligible staff and residents between Day 4 and Day 7. * All LFD tests should be logged on-line * For **small care homes** (10 or fewer residents) risk assess need for Rapid Response staff LFD testing |
| **Outbreak only** | | * **Recovery Testing**: One round of whole home ‘recovery’ PCR testing for all eligible staff and residents. Date of Recovery Testing should be no earlier than 10 days from date of symptom onset (or positive test if asymptomatic) for most recent case.   **(**not needed for **small care homes)** |
| **Additional case(s) identified before or during Recovery testing** | **Cluster** | | Assess whether new case/s could be linked to transmission within the setting (UKHSA can assist if required); if yes or very uncertain, upgrade to Outbreak with restrictions remaining in place until after Recovery Testing. |
| **Outbreak** | | Assess whether new case/s could be linked to transmission within the setting (UKHSA can assist if required); if yes or uncertain, Recovery Testing should be moved to 10 days after the latest positive test date or onset of symptoms in the most recent case. (Additional cases will not change initial Day 1 and Day 4 to 7 testing dates). |
| **Additional case/s identified after outbreak restrictions lifted** | | If single case, manage as a single case, if two or more cases linked within the setting and within 14 days then manage as new outbreak. | |

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| **Visiting** | Proportionate changes to visiting (risk assess):   * One visitor at a time per resident should always be able to visit inside the care home. * End-of-life visiting should always be supported and testing is not required for an end-of-life visit. | |
| **Admissions** | * Permitted if robust Risk Assessment and appropriate testing is undertaken. | |
| **Other key measures advised** | * Ensure rigorous Infection Prevention and Control Measures, including cleaning, plus good hand and respiratory hygiene * Mask wearing during outbreaks and caring for individuals with COVID-19 * Temporarily stopping or reducing communal activities. * Restriction of movement of staff providing direct care to avoid ‘seeding’ between settings. * Separate sets of staff managing affected and nonaffected residents * Separate cohorting of residents with different infections, if possible | |
| **End of restrictions**  **(Outbreak measures)** | **Cluster** | Restrictions lifted when Day 4 to 7 whole home test returned wholly negative. |
| **Outbreak** | Restrictions lifted when Recovery whole home test returned wholly negative. |
|  | **Small care homes** | Restrictions lifted when last resident completed their isolation period. |

**UKHSA Health Protection Team contact details:**

**Tel 0300 303 8162** (weekdays 9-4:30, weekends or bank hols)or

[swhpt@ukhsa.gov.uk](mailto:swhpt@ukhsa.gov.uk) (messages will only be picked up M-F 9-4:30)

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| Key Adult social care guidance: <https://www.gov.uk/government/collections/adult-social-care-guidance>.   * [Infection prevention and control in adult social care settings](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings) * [COVID-19 supplement to the infection prevention and control resource for adult social care](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care#ipc-considerations-for-people-receiving-care) * [COVID-19 testing in adult social care - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/covid-19-testing-in-adult-social-care#SECTION2) * [Care Home outbreak testing for COVID-19 flowchart: staff and residents (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1125007/Staff_Residents_Outbreak_UKHSA_interim.pdf) * [UKHSA **SW Infection Prevention and Control and Winter Readiness** - South West Councils (swcouncils.gov.uk)](https://swcouncils.gov.uk/ukhsa-infection-prevention-and-control-and-winter-readiness/)   Amongst other resources, here you will find   * **Checklists for flu and covid-19, single cases and outbreaks** * **Risk Assessment guides for new admissions** in the context of infectious disease * **Risk assessment guides for visiting in and out of the setting**, * **How to work out whether cases may be linked to transmission within the setting** |

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| **Isolation period** | * **Residents** should isolate for at least 5 days from the onset of symptoms, AND until acute symptoms have resolved, and they are free of fever for 24 hours. * **Staff** should isolate until acute symptoms have resolved, and they are free of fever for 24 hours.   **NOTE:** If COVID-19 co-infection is confirmed or suspected, follow COVID-19 isolation guidance |

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| **Single Case of Influenza in a care home setting** | |
| **Definition** | One case of Confirmed Influenza |
| **Reporting** | If resident case, report a confirmed case to UKHSA. Check for other cases within the home.  If staff case, check for other cases within the home. No need to report single staff cases to UKHSA |
| **Admissions** | Admissions can continue as normal. |
| **Visiting** | Visits can continue as normal. |

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| **Outbreak of Influenza Cases in a care home setting** | |
| **Definition** | At least one laboratory confirmed case of Influenza **AND** one or more cases which meet the clinical case definition of Influenza-like Illness among residents or staff with an epidemiological link to the care home **ARISING WITHIN THE SAME 48 HOUR PERIOD.** |
| **Reporting** | Report a suspected or confirmed outbreak to UKHSA - see footer for contact details |
| **Testing** | IfInfluenza is clinically suspected, test immediately for COVID-19 by LFD. In addition, UKHSA HPT may arrange testing for other respiratory viruses including Influenza A and B for residents who have developed recent symptoms most indicative of Influenza |
| **Treatment** | Antivirals, ideally should be provided within **48 hours** of onset of symptoms. Antivirals may also be prescribed for those without symptoms but at high risk of complications and recently exposed to flu |
| **Additional case(s)** | * Ensure GP is aware and considers moving resident from antiviral prevention to treatment dose   Report to UKHSA in the following circumstances:   * If a symptomatic resident is identified in a new area of the home where there are residents not currently receiving antivirals * If there is a large increase in case numbers. * If there are any hospitalisations or deaths * If you have any difficulty in implementing recommended outbreak measures. |
| **Admissions** | Permitted if robust Risk Assessment and appropriate testing is undertaken. |
| **Visiting** | Proportionate changes to visiting (risk asses):   * One visitor at a time per resident should always be able to visit inside the care home. * End-of-life visiting should always be supported and testing is not required for an end-of-life visit. |
| **Other key measures advised** | * Ensure rigorous Infection Prevention and Control Measures, including cleaning, plus good hand and respiratory hygiene * Temporarily stopping or reducing communal activities. * Restriction of movement of staff providing direct care to avoid ‘seeding’ between settings. * Separate sets of staff managing affected and non-affected residents * Separate cohorting of residents with different infections ‘if possible |
| **Lifting of outbreak measures** | No sooner than 5 days after the onset of symptoms in the most recent case. |