

Wessex Care Briefing 14 (06/04/2022)

Below we have reproduced in summarised bullet form the many pages of different guidance documents from the DHSC we received last week in conjunction with a number of detailed statements from the Ministers at the DHSC. Unfortunately, some of the guidance is confusing and contradictory and therefore we have taken a number of company policy and procedural decisions which deviate from some guidance.

The key element across the new guidance is that the mandatory element of the document's has largely been removed and replaced with recommendation, therefore the responsibility of IPC & PPE measure being returned to our responsibility, informed and exercised through our risk assessments.

Our risk assessments are informed by the local multi- agency pandemic assessment of risk which currently indicates very high community transfer which has currently resulted in circa 60 residential care services in Wiltshire being closed due to current and ongoing outbreaks.

The risks have been significantly mitigated with levels of vaccination and extensive IPC & PPE measure but we consider that on balance, while the level of community transfer is so high, we will in 2 key areas diverge from the recommended guidance:

1. We will continue to require all staff to provide a negative LFD test prior to attending work.
2. We will continue to request that visitors take an LFD test to prove a negative status or provide evidence of a recent, within 12hrs, negative test before admission to the service.

All other IPC & PPE measures will remain fully in place for all staff and visitors and the above policy will be reviewed on a monthly basis.

Visiting will continue to be conducted in bedrooms only, with no free movement of visitors around the service, other than in exceptional circumstances that have been agreed in advance with a Director or Service Manager.

Staff testing and Isolation periods for staff positive COVID results and those with a COVID positive member of their household.

As of the 4th April 2022

All staff members must continue to LFD test prior to starting a shift.

All LFD test results MUST be registered on the Government registration site and Wessex Care's Google Form without fail.

Staff member who tests positive for COVID: -

Staff can now come back to work on day 6, provided they have 2 consecutive negative LFD tests taken at least 24 hours apart, on day 5 and day 6 if they meet the following criteria:

- their symptoms have resolved, or their only symptoms are cough or anosmia (lost or changed sense of smell) which can last for several weeks
- the staff member should continue to undertake daily LFD tests for the remaining days of isolation period even if they have already returned to work. For example:
- if the first LFD test result was negative on the fifth day, and the second LFD test result is negative on the sixth day, they can return to work but should continue to take LFD tests on days 7, 8, 9 and 10.
- if the first LFD test result was negative on the sixth day and the second LFD test result was negative on the seventh day, they can return to work but should continue to take LFD tests on days 8, 9 and 10
- 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
- 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
- All LFD test results MUST be registered on the Government registration site and Wessex Care's Google Form without fail.

The likelihood of a positive LFD test in the absence of a high temperature after 10 days is low. If the staff member's LFD test result is positive on the 10th day, they should continue to take daily LFD tests, and can return to work after a single negative LFD test result or on day 15, or a risk assessment could be considered.

Staff member who has a COVID positive member of their household: -

Staff can now continue working, following the below guidance: -

- *the staff member should take daily LFD tests from the day the member of their household tests positive, LFD tests to be taken on days 1, 2, 3, 4, 5 & 6*
- *if all LFD tests are negative and the staff member remains asymptomatic throughout, they can continue working.*
- *if any of these LFD test results are positive the staff member should start isolation following the 'staff member who tests positive for COVID' guidance*
- *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*
- *All LFD test results MUST be registered on the Government registration site and Wessex Care's Google Form without fail.*

Resident / Patient COVID 19 Guidance

As of the 4th April 2022

Symptomatic Testing

- *Residents with symptoms should take an LFD test as soon as they develop symptoms and a further LFD test 48 hours later*
- *The symptomatic resident should self-isolate during this time*
- *If both results are negative, the symptomatic resident can end isolation*

Asymptomatic Testing

- *Residents will no longer receive regular asymptomatic testing*
- *Residents will only test if symptomatic or on admission to the care home from hospital, community or other care setting*
- *Testing for all visitors into the service to continue. Tests will be provided by the home*

Positive Covid 19 cases

- *There is no need for a confirmatory PCR test following a positive LFD result*
- *Date of test is considered day 0*
- *Covid positive residents should receive daily LFD tests (where possible) from day 5 onwards and can end isolation after 2 negative LFD results 24 hours apart or 10 days isolation has*

been completed. After 2 negative LFD results there is no need to continue testing. However, isolation can only be stopped if there is absence of fever for 48 hours without the use of medication

Close contacts with a confirmed Covid positive case

- *Residents who are close contacts of a Covid case do not need to isolate or undertake additional testing. They should minimise contact with the person who has Covid and avoid contact with anyone who is at higher risk of becoming severely unwell if they are infected with Covid*

Admissions to a care home from hospital

- *Admissions from a hospital environment (including existing residents returning from hospital) will need a PCR test within 48 hours prior to discharge, or an LFD if they have tested positive for Covid within 90 days. Tests will be provided by the hospital;*
- *An LFD test must be also completed on arrival.*
- *Hospital patients testing positive for Covid must not be admitted into the service.*
- *Care home residents admitted from or returning from hospital with a negative test result will be required to self-isolate for 5 days and complete an LFD test on day 5.*

Admission to a care home from a community setting or other care facility

- *Admissions from a community setting or other care facility environment will need a PCR test prior to discharge, or an LFD if they have tested positive for Covid within 90 days and an LFD test on day of admission. Tests will be provided by the care home*
- *An LFD test must be also completed on arrival.*
- *Potential community setting or other care facility admissions testing positive for Covid must not be admitted into the service.*
- *Community setting or other care facility admissions with a negative test result will be required to self-isolate for 5 days and complete an LFD test on day 5.*

PPE and waste management

- *Free PPE will remain available through the Portal until March 2023 or until guidance changes*
- *Face masks should be worn by all care workers and visitors in care settings and when providing care in people's own homes, irrespective of whether the person being cared for is known or suspected to have COVID-19 or not.*
- *FFP2 or FFP3 masks are required to be worn at all times for members of staff who are unvaccinated against Covid 19 or who have not received a 3rd or subsequent booster vaccinations.*

- *FFP3 masks are required when carrying out AGPs on someone who is a suspected or confirmed Covid case, or who has another aerosol or droplet transmitted infection. Where no infection is suspected or confirmed, a type IIR mask can be used for AGPs*
- *Visitors who are providing personal care should wear appropriate PPE, including face masks*
- *Staff should wear a type IIR mask, eye protection, apron and gloves when giving personal care to someone suspected or confirmed to have Covid, or when cleaning their room*
- *When carrying out other tasks within 2 metres of a suspected or confirmed Covid case, a type IIR mask and eye protection should be worn. An apron and gloves are also required where contact with body/bloody fluids is likely*
- *When carrying out personal care for someone who is not suspected or confirmed Covid positive, a type I, II or IIR mask should be worn along with an apron and gloves. Eye protection is required if splashing is likely*
- *Staff should still wear a face mask as source control in a care setting when undertaking any other social, care or domestic activities e.g., those that do not involve close contact with or cleaning the room of a person who is suspected or confirmed Covid positive, or that do not involve personal care.*
- *In a person's own home, waste contaminated with respiratory secretions or mucus from a person with Covid should be disposed of in the domestic waste stream with no extra measures needed*
- *Care homes should continue to follow their existing waste management processes*

Outbreak management

- ***Services should continue to report cases to the HPT and POST***
- *Services may be asked to complete the Outbreak Risk Assessment (OBRA) Tool by the HPT. This will determine what outbreak management measures are required*
- *Where a home has had 2 or more linked cases within a 14-day period they could be considered in outbreak. Locally we have advised that homes may need to close whilst they wait the outcome of the OBRA*
- *Outbreak measures may include:*
 - *closure to admissions*
 - *temporarily reducing or stopping communal activities*
 - *changes to visiting. However, each resident should be supported to have 1 visitor even during outbreaks and even if the resident is Covid positive themselves*
 - *Restriction of movement of staff between different settings*
- *End-of-life visiting should always be supported.*

- *Further cases should be reported to POST and where appropriate HPT. Where a setting has deemed to have a cluster and further cases are discovered, HPT must be informed*
- *If a home has further cases, a discussion should take place with POST as to whether outbreak measures need to be extended. Consideration will be given to:*
 - *Whether new cases are staff only*
 - *When new staff cases were last in the service*
 - *Whether new staff cases are linked to a known external confirmed case*
 - *The level of new staff only cases*
 - *Whether cases are contained to a cohort/household/wing/floor.*
 - *Whether risk of transmission is increased by staff working across cohorts/households/wings/floors*

Based on this information, a recommendation will be given in conjunction with our MDT process regarding the extension of or localisation of outbreak measures. The Care Home Manager may decide to extend the closure themselves, and we will support them with this decision. Care Home Managers who wish to cease outbreak measures against recommendations should confirm with their insurer and regulatory body that they are covered to do so.

- *Additional measures may be advised in the event of a variant with vaccine escape potential.*

Apologies for the length and detail of this briefing but we felt it was important that you could see and review the significant range of recommended guidance that has recently been issued from the DHSC. It is clear that we are moving to a 'living with COVID 19' position and this guidance, though somewhat muddled in places and contradictory, is an attempt at a halfway house for residential care services. It is clear that the vaccination programme has had a dramatic effect on the life threatening level that this virus originally had which has meant that the few residents and patients that have tested positive have thankfully not required hospital support and we have had no deaths as a direct result of contracting COVID19. However, the community transfer remains very high particularly within the staff group and a careful balance has to be drawn.

We hope you are continuing to enjoy the monthly newsletters and as always please do not hesitate to contact the services or the head office if you have any worries or concerns.

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Directors