

## **Q&A on updated adult social care guidance from 16<sup>th</sup> August**

### **Self-isolation for COVID-19 contacts**

#### **How do the changes to self-isolation requirements impact adult social care?**

From Monday 16 August, people will no longer be legally required to self-isolate if they are identified as a contact of someone who has tested positive for COVID-19 and are:

- fully vaccinated or aged under 18;
- unable to be vaccinated for medical reasons; or
- taking part, or have taken part, in a clinical trial for the COVID-19 vaccine.

For those living, working in and visiting adult social care settings, there will be some additional measures in place to protect residents and service users.

#### **Adult social care staff**

From 16 August, staff members notified that they are a contact of someone who has tested positive for COVID-19 are not required to self-isolate if they are fully vaccinated or in one of the other categories listed above. They should inform their line manager or employer immediately if they are required to work in the 10 days following their last contact with someone who has tested positive for COVID-19.

Staff returning to work should meet the requirements set out in [COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK](https://www.gov.uk/government/guidance/covid-19-management-of-staff-and-exposed-patients-or-residents-in-health-and-social-care-settings) ([www.gov.uk](https://www.gov.uk)).

#### **Care home residents**

Residents in care homes should be exempt from self-isolation if they have no symptoms and receive a negative PCR test. They can continue to receive visitors unless there is an outbreak in the care home. Residents should undertake daily LFD testing for 10 days.

#### **Visitors to care homes**

Visitors to care homes are advised against visiting for 10 days if they have been identified as a contact of someone with COVID-19, or if they have visited an amber list country, unless absolutely necessary (for example, for an end of life visit). Where visits do occur, visitors should have received a negative PCR result, and a negative LFD result on the day of their visit.

#### **How do care providers conduct risk assessments for staff who have been a contact of someone who is COVID-positive?**

When conducting risk assessments, consideration should be given to ensuring staff can deliver safe care during the period they would be required to isolate, if they have been a contact of someone who has tested positive for COVID-19. This includes using PPE, cohorting, and enhanced testing of COVID-contacts.

These considerations should be built into care homes' general risk assessment for responding to infectious diseases and maintenance of safe staffing levels. Where possible,

staff should be redeployed for 10 days following contact with someone who has tested positive for COVID-19 to parts of the home or service where contact with clinically extremely vulnerable people can be minimised, recognising this may be challenging in adult social care settings.

### **Who is responsible for conducting risk assessments over whether staff can return to work?**

Registered managers should conduct risk assessments in line with existing infectious diseases risk assessments and give consideration to the need to maintain safe staffing levels. Registered managers may seek further advice or guidance from local Directors of Public Health and Health Protection Teams for complex cases.

### **Will staff who have tested positive be able to return to work?**

No, anyone who has tested positive for COVID-19 must self-isolate.

### **What if a member of staff is unable to be vaccinated and therefore not eligible for the self-isolation exemption?**

If a staff member needs to self-isolate, they should continue to be paid their full wages. The Infection Control and Testing Fund is available until 30 September 2021 to support this.

### **What if an unvaccinated or partially vaccinated staff member is identified as a contact of someone who has tested positive for COVID-19?**

If an unvaccinated or partially vaccinated staff member is notified as a contact of someone who has tested positive for COVID-19, by NHS Test and Trace or their workplace, they must self-isolate as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons, or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).

If they are unvaccinated and are exempt from self-isolation, they should not attend work. Alternatively, they can be redeployed for the period of time they would be required to self-isolate. If staff are to be redeployed, they should comply with certain mitigations. Further information can be found in the [COVID-19: management of staff and exposed patients or residents in health and social care settings guidance](#).

### **What if a resident is unable to comply with the 10-day LFD testing requirement?**

If a resident is fully vaccinated and would find it difficult to undertake testing daily for 10 days due to underlying health issues (for example, dementia, neurological problems, learning disability), then the self-isolation period could be avoided if the resident is asymptomatic, has a negative PCR test, and does not mix with clinically extremely vulnerable people.

### **What is the difference between 'highly vulnerable' and 'clinically extremely vulnerable' (CEV)?**

The term 'clinically extremely vulnerable' (CEV) is defined in the [Guidance on protecting people who are clinically extremely vulnerable from COVID-19](#).

The term 'highly vulnerable' allows more flexibility than the specific definition of CEV. When making assessments about patients or service users' needs, consideration should be given

to those who are CEV as well as those who may be highly vulnerable due to having conditions including dementia, behavioural issues, or who are not yet fully vaccinated.

### **Self-isolation on admission to a care home**

#### **What changes have been made to isolation requirements for care home residents transferring from an interim care facility or another care home?**

Newly admitted residents to a care home who are transferring from an interim care facility or transferring from another care home will no longer need to self-isolate upon arrival if the below requirements are satisfied:

- the person admitted is fully vaccinated, unless medically exempt;
- local guidance from the Director of Public Health about community transmission of variants of concern is followed;
- the person admitted has no known contact with a COVID-positive person;
- the care home has taken into account the circumstances at the person's home, prior to admission; and,
- the person is subject to an enhanced testing regime consisting of a PCR test before admission (within 72 hours), a PCR test on the day of admission (day 0) and a further PCR test 7 days following admission (day 7). Additionally, we recommend daily rapid lateral flow testing until the day 7 PCR result has been received.

### **Self-isolation following a hospital stay**

#### **Do care home residents returning from a hospital stay need to self-isolate?**

Care home residents returning from hospital following a stay for elective (planned) care will not be required to self-isolate provided the following criteria are satisfied:

- the person admitted is fully vaccinated, unless medically exempt;
- local guidance from the Director of Public Health about community transmission of variants of concern is followed;
- the person admitted has no known contact with a COVID-positive person; and,
- the person receives a negative PCR test result following their return to the care home.

Residents returning from a stay in hospital for elective care should avoid contact with clinically extremely vulnerable residents on their return.

Care home residents discharged from hospital following an emergency admission should self-isolate, upon arrival, for 14 days, within their own room.