Department of Health & Social Care

CARE

DHSC webinar on changes to COVID-19 measures in Adult Social Care services

Chair- Deborah Sturdy, OBE- Chief Nurse for Adult Social Care

Panel- Jenny Firth- Deputy Director, COVID-19 Policy (Adult Social Care), DHSC

Dr Éamonn O'Moore- SRO Adult Social Care COVID-19 response, UKHSA

Rita Huyton- Nurse Consultant, UKHSA

Alison Phillis- IPC lead, UKHSA

Introduction

Deborah Sturdy
Good afternoon and welcome to this webinar which is going to talk about living with COVID-19 in adult social care. We've got 45 minutes this afternoon together and we're going to have a series of presentations followed by a short Q&A. Please can you put your questions in the chat as we go and we will pick those up, recognising we have a short period of time together this afternoon. We will be picking them up and writing them out as FAQs.

In yesterday's webinar people asked for the slides, and we will do our best to get those to you as well.

We're joined this afternoon by Jenny Firth, who is going to take us through the policy aspects of the changes.

We are also joined by Dr. Éamonn O'Moore from UKHSA (United Kingdom Health Security Agency) and his two colleagues, Rita Huyton and Alison Phillis, who are going to be part of the panel at the end answering questions for you. Like I say, please put your questions in the chat so that we can get those answered at the end of the session.

I know sometimes people have problems with the webinar. If you do have a technical problem with buffering please try using Google Chrome as your browser. The

webinar is 45 minutes, but will also be available at the end - so for those of you with teams of people, they will be able to access the recording through the link that you've already got. Closed captions can be turned on if needed, and a written transcript of the session will also be available after the webinar. Thank you.

The reason that we are updating you this afternoon is because on the 30th of March 2022, changes were announced to adult social care measures in line with living with the 'Living with COVID-19' strategy published on the 21st of February. This plan has been developed for the adult social care sector to balance the risk of COVID-19 in care services, maintain protections for those receiving care and reduce as many restrictions as possible to the lives of the residents and staff, and also families who visit.

The webinar will cover the living with COVID-19 context, the key changes to policy: (IPC [Infection Prevention and Control] and testing), the continued importance of testing and IPC measures, and a Q&A session at the end.

We're now able to review the COVID-19 measures because of the changes that we are experiencing nationally. Other things that have been really vital to the sector have been the high vaccination rates, availability of COVID-19 therapeutics and treatments and the data that we're seeing on reduced hospitalisations and mortality rate for people across social care. That data has been monitored very closely over the whole period of the pandemic and based on that evidence we are now able to change our policy.

The approach is to ensure that we continue to protect those that we look after, based on the best clinical advice, reduce the burden on staff and yourselves, who've worked incredibly hard and for such a long period. None of us, I think at the beginning of this thought we'd be here two years later still talking about COVID-19. So, I'm very conscious of the enormous effort that you've all made.

Our approach is also about reducing restrictions on individuals receiving care and support, and trying to open up to improve freedoms and enhance wellbeing. This is really important to those receiving care wherever that may be - whether at home or in other settings. We will continue to keep the IPC guidance and the testing regime under review as part of this approach, based on the on the best clinical evidence that we have.

We hope not to be changing the policy as frequently as many of you have experienced during the course of this pandemic and that we will get into a more steady state as we go forward.

I want to hand over to Jenny Firth, who is going to take us through the policy changes. Thank you, Jenny.

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Policy changes

Jenny Firth

So, as Deborah mentioned, there have been some key changes to the COVID-19 measures for staff and individuals receiving care in adult social care services and what I want to do in the next couple of slides is to go over those changes to make sure that they're clear to you. They are all clearly set out in the guidance, but I think it is helpful to go through a summary.

The first thing I wanted to say is that at several points in the guidance we talk about some parts of this testing regime only taking place during times of high prevalence and I want to be really clear that we are currently in one of those times of high prevalence. The measures I am going to outline do remain in place currently, so you should continue to follow this guidance. We are working closely with our colleagues within UKHSA to develop a framework that will clearly set out when there might be some changes to the testing regime, but for the moment you should follow the guidance as set out here.

I'm going to start by going through the key changes for staff within adult social care.

Staff testing

When I am talking about staff testing here, I'm talking about staff within home care, extra care and supported living, adult day care centres, personal assistants, CQC inspectors, social workers and shared lives carers. The main changes for staff testing:

Firstly, asymptomatic testing - until the recent guidance change, we were asking staff to undertake a lateral flow test every day before they come to work. That has now been changed. Now we are asking staff to undertake lateral flow tests twice weekly during times of high prevalence. We are currently in a time of high prevalence, so they should do that currently.

Symptomatic testing has also changed. In the past we have been providing PCR tests for symptomatic testing, but that has now changed to lateral flow tests. Any member of staff who is experiencing symptoms should immediately remain at home, stay away from work and undertake a lateral flow test. They should then take a second lateral flow test 48 hours later. If either of those lateral flow tests are positive, then they should remain away from work. But if both of them are negative, then they can return to work. For any member of staff who does have a positive lateral flow test, they should remain away from work for 10 days. We are providing free lateral flow tests to them so that they can return earlier, but they would have to have had

two negative lateral flow tests from day five onwards and those two negative lateral flow tests need to have been taken 24 hours apart.

So that means if they had a negative test on day 5 and day 6, they could return to work. But if they had a positive on day 5 and a negative on day 6, they'd have to remain away from work until they'd had a second negative test on day 7.

We're also continuing to make free lateral flow tests available for five days of rapid response testing in the event of one or more positive cases in a high-risk extra care or supported living setting.

Staff movement

Moving onto staff movement. As you're probably aware, there have been restrictions on the movement of staff between settings up until now. Those restrictions have now been lifted. We recognise that they had created some pressure on providers to be able to maintain safe staffing levels during the pandemic, and a decision has been taken to lift those restrictions.

PPE (Personal Protective Equipment)

The guidance around face masks has changed. Staff are now only recommended to use FFP3 masks when they're carrying out an AGP (Aerosol Generating Procedure) on someone who is suspected or confirmed to be COVID-19 positive or has (or is suspected to have) another infection spread by the droplet or aerosol routes. If no such infection is suspected or confirmed, a Type IIR mask can continue to be worn for AGPs.

This is all clearly set out in the guidance that has been published (the COVID-19 supplement to the IPC guidance). There are tables in there that set this out clearly, which you should refer to for further information.

Testing for recipients of care

Moving on to talking about testing for recipients of care. There will no longer be any routine asymptomatic testing for those receiving care in high-risk extra care and supported living services. There is no asymptomatic testing available for any other people receiving care other than of course in care homes, but that isn’t the subject of this webinar today.

Symptomatic residents in extra care and supported living have access to free lateral flow tests to check if they have COVID-19, and in the same way as we've changed the testing regime for staff it, that's also the case for residents. So instead of undertaking a PCR test if they are symptomatic, they'll be asked to undertake a lateral flow test and then they would take a second lateral flow test 48 hours later. If both of those tests are negative then they can continue to go about their normal daily life, but if one of them is positive then they should remain at home and follow the

guidance for the general population. In some services it might be appropriate to follow the care home guidance, which means that if the individual resident tests positive then they should isolate for 10 days. They can end their isolation sooner if they have two negative lateral flow tests taken at least 24 hours apart.

If someone receiving care, who isn't living within an extra care or supported living setting, is symptomatic or tests positive for COVID-19, they should be strongly encouraged to follow the advice for the general population, which is to stay at home and avoid contact with others.

I'll now hand over to Dr Éamonn O'Moore who will talk more about the importance of following these measures.

Dr. Éamonn O'Moore
Thanks Jenny and Deb. Before I start, I want to add my thanks to those from Deb to all of you for the work that you've been doing for now over two years in protecting vulnerable people in our care from the impact of COVID-19. It has been a very trying period and we all recognize the huge cost that's been paid by all of you and the population at large, but we do thank you for your huge efforts and we just want to continue to work together to protect people.

As Deb has outlined, we know that there have been big advances, thanks to the vaccine programme, in protecting people from the worst complications of COVID-19 infection. We have to continue to encourage people, those who provide care and those who receive care, to take up the offer of vaccination according to the programme that they are subject to. So, at this time, people who are 75 years or older and others who have got complex underlying immunological needs will be required to have what will be a fourth dose of vaccine or a second booster in order to enhance their protection, which may be some time on from their third dose waning.

This is important because, as Jenny has said, we are in a time of high prevalence and we want to make sure that people take the measures that they can in order to protect themselves. The key public health message at this time is to continue to promote the uptake of vaccination which is the best mitigation that we can deliver to reduce the impact of COVID-19 for vulnerable people.

We also need to continue to practice effectively the use of PPE according to the guidance that has been referred to. PPE is an important intervention in protecting both those who work in high-risk settings and high-risk populations and the people we provide care for, so it's very important that people continue to familiarise themselves with the current guidance and apply it appropriately.

There have been references to some of the testing protocols that are now in play and Jenny has gone through those in some detail. We continue to advocate that people follow testing advice and other public health advice about what to do if you

feel that you are exposed to, or potentially infected with, COVID-19. This is particularly important for those of us who work with vulnerable people and in vulnerable settings. Although the legal requirement to isolate has ended for people in the general public, we continue to provide public health advice on the need to avoid coming into vulnerable settings and vulnerable places if you feel you may have symptoms of COVID-19. We continue to advocate for that, and we want people to follow that good advice.

Finally, in terms of acting on results of testing, it is important that we do follow the best public health advice and we also need to make sure that those who are eligible for therapeutic interventions receive them. So, when we are working with vulnerable people, we want to make sure that we have, and effect, the protocols that enable us to effectively and quickly access therapeutic interventions such as antivirals or other therapies. This is important to ensure that we mitigate the impact of COVID-19.

So taken in the round, the range of public health interventions that are currently available will help us to move forward as we learn to live with COVID-19 and enable us to protect both the vulnerable people that we care for and ourselves as social care providers in delivering that care.

So, I'll hand back over now to Deb and I think we'll be going to Q&A. Thank you.

Deborah Sturdy
Thanks Jenny and Éamonn for that. There have been a huge number of questions in the chat, so thank you very much for all those contributions. We are going to try and answer as many as we can, and we will be producing a frequently asked questions script at the end of today which we will share with you.

Q1 – Prevalence

Q:

Deborah Sturdy
There have been quite a lot of questions about prevalence. What counts as low prevalence and how will care services and staff know when to switch testing off?

A:

Jenny Firth
As I touched on, we are working closely with colleagues at UKHSA to develop the framework that will ascertain when testing should be in place and when it would be safe to switch it off. Therefore, at the moment I can't give a definitive answer on what would constitute lower prevalence and when it would be the right time to do that. We will of course make sure that we give adequate notice and warning to the sector so that they are aware of when that's likely to happen, and I would also hope that when we do so, we're able to provide some of the rationale behind that decision so that it is

very clear to people. That will help care providers to communicate to recipients of their services and also family members to make sure that they understand why the decision has been taken, when it will be taken and also what measures are still being in place to keep their own family members and loved ones safe.

Éamonn do you want to add anything to that?

Dr. Éamonn O'Moore The only thing to add is that as part of the framework that we are working on together, we're also working with the SAGE Social Care Working Group to understand the menu of interventions that might be appropriate to different risk levels. So, prevalence is a key determinant, but there are other factors that will be taken into account in determining the right level of response to appropriate threat levels. The prevalence at the moment is unfortunately quite high, so about 7.5-8%. And we also have evidence of increasing prevalence among those of us who are somewhat older and particularly people who are age 60 plus.

There is some evidence from the modelling and from some of this development data that we have that we will continue to see relatively high levels of infection during the month of April, but hopefully start to see a declining level of infection moving forward from then.

This is all subject to constant review and people will appreciate that it's a dynamic situation, but those will be the sort of signals we'll be looking out for to determine when it's appropriate to change tack in relation to switching on or off elements of our response, including testing. Prevalence levels will be agreed upon in consultation across our agencies and in communication with the sector to make sure that people understand that this is one of several factors, but an important factor. We will work together to ensure communication is clear and concise as possible. Thank you.

Q2 – Domiciliary care PPE

Q:

Deborah Sturdy
There is a question more generally around PPE, actually and should people still be using PPE if they're working in somebody's home who is known to be COVID-19 negative?

A:

Rita Huyton
The message in the guidance is very much still encouraging what we're calling universal masking. So that's wearing a surgical mask if you're in social contact with clients that you look after in their home or if you're carrying out any sort of care activities.

That is for two reasons: One, it provides source control. So that's protecting the person you are caring for from anything that you might be carrying, and it also does offer the care worker a degree of protection as well. In addition to that, you might also need to wear gloves and aprons, but that would depend on the task that you're carrying out, for example, if there was contact with blood or body fluids or close care activities. I would encourage people to look at the guidance, where there is a table for staff to refer to.

Deborah Sturdy
And you're right, it's that those principles that apply and the one thing we've learned from COVID-19 is that they really do work not only for COVID-19, but for other infections as well. So, it's one of the great learnings out of this pandemic.

Q3 – consulting on guidance

Q:

Deborah Sturdy
The next question is about how we are ensuring that guidance and policy changes are widely consulted on with key stakeholders before being agreed? For example, local authorities, public health, adult social care, CCGs.

A:

Jenny Firth
Within my team we have many conversations and meetings with stakeholders and that's a really important part of what we do to make sure that we fully understand the implications of the policy decisions that we are reaching. Once those decisions are made they are communicated, so for instance we have a fortnightly call with a large number of stakeholders where we discuss the current state of the sector with regards to the management of COVID-19. We will continue to hold those at least for the time being, while we think it's necessary to do so. We also have smaller conversations with key stakeholders at certain times to discuss particular issues, so it's very much an important part of the job.

I know that also we have more bespoke conversations – I was responsible for some of the VCOD work. We had lots of meetings specific to that issue with different parts of the sector to make sure that we understand the implications. We do communicate a lot through webinars and newsletters, and we're always keen to get feedback on whether our messages are reaching where they need to reach. So please do contact my team if you feel that we could improve on how we do communicate.

We're very open to any ideas you have on how we can improve things.

Department of Health & Social Care

CARE

Q4 – Learning disability day services

Q:

Deborah Sturdy
Please can we have some advice about people with learning disabilities returning to day services and when they can safely return if they have had COVID-19 or it's in their household, particularly if they cannot wear masks?

A:

Alison Phillis
Your clients are no different from anybody else and they can follow the guidance appropriately, so it depends how well they are and when they are well enough to return and they've completed a period of isolation or have tested negative, then they can return if that is a condition of your service. But because they are part of the general public, there's no obligation for them to stay away.

We would be applying good public health principles, however, and say that anybody who feels unwell shouldn't be attending. I think it is less now about how people have tested and more about how they're feeling, and we would encourage people to pay attention to general principles of wellbeing around infections, whether that be COVID-19 or whether that be upset stomachs or anything else, because symptoms can vary across the population. But your clients can return to the service when they feel well enough - if they are able to test then that allows you that extra mitigation and protection.

Q6 – COVID-19 in your household

Q:

Deborah Sturdy
There have been a few questions about if you're in contact with, or living in a house with somebody who has COVID-19, can you actually go to work?

A:

Rita Huyton
So currently there are no restrictions now for people who are contacts - it does advise that you consider not mixing with highly vulnerable people. So, it may be a case of letting your manager know that you're a household contact of somebody with COVID-19, so that there can be a risk assessment around some of the duties. A lot of staff will be routine testing, which is an added safety measure.

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Q7 – testing frequency

Q:

Deborah Sturdy
A question about frequency of testing. If you've got somebody who works once a week or agency staff coming in, what is the recommendation about frequency of testing for those individuals?

A:

Jenny Firth
If you've got somebody who only works once a week, then they only need to test once a week. They don't need to test more frequently than that. Agency staff should be treated exactly the same as any other member of staff - so they should be testing twice a week, regardless of which setting they're working in at any given time. They ought to be testing twice a week, so when they report for duty for each of their shifts, you should make sure that they have tested recently as part of the twice weekly regime.

Q8 – symptom list

Q:

Deborah Sturdy
There is a lot of concern as well about the new advice out this week about additional symptoms of COVID-19 and questions about what should trigger testing because of that extension of the list. What should people be doing in terms of testing if they see some of those other symptoms that are newly emerging on the list in relation to COVID-19?

A:

Alison Phillis
Yes, there is a new list of symptoms. Those symptoms that people who have been working in this field for the amount of time that you all have will know that in addition to the three cardinal symptoms that have been referred to previously in relation to COVID-19, lots of people actually experience some other symptoms. So, they have now been included in the list.

What we are saying in terms of the symptoms to help you define whether or not this is likely to be an infection versus any other condition or minor illness that will just disappear on its own and isn't a risk for COVID-19 - if you've got one of those symptoms and you have a high temperature, or you feel unwell, then we would be asking you to take a test please and stay off work until you've received the results. If

you're a member of staff, two negative test results - that would be LFDs – two negative test results ideally please.

This is really important. We want to recognise that many people have been working now in an environment where they may have experienced COVID-19 or be aware of the signs and symptoms of COVID-19. But now we've expanded the list and recognized that includes many things that are more common to other conditions and illnesses, it does make it more complex. But one of the important points about the measurement of temperature is that it's what we actually refer to as a sign rather than a symptom.

So, I can tell you I have a headache, but it's very hard for you to judge if I have A) a headache or B) the severity of that. But if I feel I have a temperature and measure it and can give you an objective measure, that's something that we can all agree is a is a true sign. But we also recognise that many people will be experiencing a range of symptoms and that point about if people feel they're simply unfit for work, this is one of those constellation signs. In other words, one of those things that we know will inform whether people feel fit for work. And this is when testing is important and hopefully as we gain experience in living with COVID-19 and move forward in time, these sorts of ways of working will become easier to apply - we also recognize that at a time of changing guidance there can be a lot of anxiety.

What we didn't want to do was disempower very experienced and skilled staff from using their judgment - but to provide them with appropriate advice and the tools so that they can either manage themselves and stay away from work or safely go into work having tested negative - and that's what we're trying to do, to get that balance right.

Q9 – Free PPE

Q:

Deborah Sturdy
Will any provision for free PPE be made to services that are not care homes? What is the position in wider adult social care settings?

A:

Jenny Firth
Free PPE is still available to all adult social care settings - until the end of March next year or until the guidance changes. It is still available much wider than care homes.

Deborah Sturdy
I notice in the chat there's been quite a few questions about how you access that so we will pick that up in the FAQ (Frequently Asked Questions) as well.

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Q10 – Sick pay

Q:

Deborah Sturdy
There's been a number of questions about the end of sick pay within adult social care - if you could respond to that one as well, please, Jenny.

A:

Jenny Firth
As many of you will know up until this point the funding for COVID-19 that the government has made available has been very broad and it has been generic funding for infection control and testing - that funding has now ceased, last week it came to an end.

The government has decided that it would rather target the funding on specific interventions, so free PPE as I've just mentioned, that is available for the full financial year, obviously there's free testing still available which we've outlined today albeit it's reduced from what it was.

The government is funding the vaccination program and we have the spring booster campaign which is underway at the moment and large number of recipients of care are eligible for that: those who are aged over 75 and those who are resident in older aged care homes. The expectation is that there will be an autumn booster campaign too, which may well have a different coverage we don't yet know, that's obviously down to recommendations from JCVI. The government has decided that it wishes to fund specific interventions going forward as we move into the next stage of the pandemic, rather than just the broad budget that has been available

That means that funding is no longer being made available for sick pay, but that people working within adult social care are being asked to stay away from work for 10 days if they test positive. We have made the tests available to enable them to release themselves from the isolation sooner if they do test negative* twice on a lateral flow test at least 24 hours apart.

**note, in the webinar this was unintentionally described as a requirement to test 'positive' twice. This has been corrected in the transcript for clarity.*

Q11 – Risk assessment for vulnerable people

Q:

Deborah Sturdy
Éamonn, I think one for you is people are asking do we need to continue doing risk assessments of staff, in terms of people who might be more at risk of COVID-19.

A:

Dr. Éamonn O'Moore
We have recognized that there are people who are at increased risk of complications of infections with COVID-19 - and again, this has been part of the pandemic response to date and refers back to some of the mitigations that we talked about earlier, not least of which is vaccination and ensuring that people who are suitable and are vulnerable receive all the vaccinations that they require (so through a second booster).

It's also good practice to ensure as just general business as usual, occupational health advice, that people who've got particular vulnerabilities, who are working in care settings do have additional consideration given to their needs and that's part of what we need to be doing. It's one of the lessons learned from the pandemic response to date - the need to ensure that staff who've got particular underlying health needs have those known and supported in an appropriate way.

So it is, as we move forward, about good practice in terms of supporting staff with particular vulnerabilities, it may also be part of how we understand and approach managing, for example, an outbreak - how we manage people, whether they're residents or staff, in terms of their risk management and whether they're enabled or not to undertake certain activities or work with certain people and so on.

It's an important global thing to have that capability around understanding vulnerabilities in the staff that we work with - so that they have got the appropriate support and advice and also that they recognize their own particular needs, and to make sure that those are met. And finishing again on the key point that if you're in the group that are currently eligible for the spring booster, that we work to support people accessing and making sure that they are as fully protected as they can be.

Q12 – PPE non-registered CQC settings

Q:

Deborah Sturdy
Will there be free PPE for non-registered CQC settings, such as supported living?

A:

Jenny Firth
Can I take that question away? I'm not an expert in PPE provision, so I'd rather take that away and answer it properly.

Q13 – Leftover PCRs

Q:

Deborah Sturdy
What do we do with PCR tests now that we have leftovers?

A:

Jenny Firth
PCR tests are no longer being used, except in care homes to help manage outbreaks and to detect COVID-19 positive people during outbreaks. People who are in possession of PCR tests should dispose of them appropriately if they have expired. If they've not expired, please hold on to them for now.

We will be issuing further advice fairly soon on what to do with excess stock, so please hold onto them for now until you hear from us.

Q14 – access to advice and support

Q:

Deborah Sturdy
What is the best way for staff and managers to access clear public health and IPC advice to understand how to apply guidance to their service? Where can they go for additional advice and support from public health colleagues?

A:

Alison Phillis
The guidance provides you with the bare bones and the principles. How you apply those to your service, is often where it feels like you're floundering a little bit on your own and we fully understand that. There are resources being developed that will support you – for example the donning and doffing posters and illustrated guides. Infographic material is being developed by DHSC (Department of Health and Social Care), which is similar to as we had with the How to Work Safely suite of guidance.

There are other websites that you can access - NICE guidance is helpful. I would also suggest that you visit the Skills for Care website. There's a lot of resources on there, including how you may find other people's experiences helpful to support you in applying these IPC principles. What I will say to you is that guidance has moved away from telling you what to do in every situation and is now a set of guiding principles to support you to make the right decisions for your service. This is based on staying close to public health and infection prevention control practices, which are evidenced to reduce the risk of infection both to you, as staff, but also to your client group as well. If you're concerned at all, you can always contact your local IPC support via your LA (Local Authorities) or your CCG (Clinical Commissioning Groups). Your Health Protection team are available as well.

However, if you want to find online resources, please do access sites like Skills for Care. There are other things like a network of IPC champions and various forums that will be supportive to you and you may also be able to bring some support to others by sharing your experiences by being part of that. You can also send in further queries to UKHSA, but also to DHSC (Department of Health and Social Care) if necessary. Thank you.

Dr. Éamonn O'Moore
UKHSA health protection teams are there to provide expert support and advice to adult social care settings. Their particular expertise is in relation to management of incidents and outbreaks that might require complex risk assessment or active management. They often also locally produce resources or advice materials to supplement the ones that Alison just sighted. There may be other teach-ins or engagement events that HPTS will run for their local systems, so do plug into that support and advice from your HPT. Also bear in mind that our HPTs are working incredibly hard and have been for the longest time now, including dealing with more non-COVID-19 health protection issues, so bear with us and we will do our very best to help you if we're able to do so.

However, the range of resources that are available are manifold and we'd encourage people to access them and to use them. But the advice and resources Alison's described we can make available post-webinar for people if they find that useful. Thank you.

Q15 – positive and asymptomatic staff

Q:

Deborah Sturdy
There's quite a lot of questions that have come up about people who are positive and asymptomatic remaining at work and working with positive clients or residents.

A:

Dr Éamonn O'Moore
I think what we'll do is again provide some more detailed advice post talk. This has been an area of interest throughout the pandemic and we have generally taken the line that people who are known to be infectious should not work with vulnerable people for all the obvious reasons. We have understood that some places have come under increasing challenges around staff shortages and particularly for those who provide specialist care – it may be very difficult to replace them. However, it is still best practice to avoid people who are known to be COVID-19 positive working with vulnerable people, and this is something that we've provided some advice about

before. It should also be part of our routine resilience planning that we would have some contingencies in place to cover things like staff shortages.

We know that this is very difficult. We know this is problematic, but this is something that we also need to do carefully because in trying to fix one problem, we can sometimes inadvertently cause many others. So, it's important that we do all of this in a very risk assessed way and thinking about the harms we could potentially see consequently to perhaps managing a situation in a way that hasn't considered all the key issues. So, we will point people to where that advice is provided and other sources of support post hoc again as part of that sort of risk assessed approach to managing these complex situations.

Q16 – positive after 10 days

Q:

Deborah Sturdy
There's lots and lots of questions about testing this and another one here, probably Alison or Rita if I could ask you, what do we do when staff are still testing positive after the 10-day isolation period?

A:

Rita Huyton
So, after the 10-day isolation period the current advice is that staff should continue testing and if they have one negative test, they can return to work, and if they test positive beyond the 14th day, they can return to work anyway because you're very unlikely to be an infectious beyond the 15th day. Within that there is some flexibility as well for risk assessment, so it does allow for managers to make risk assessments for staff to return within that 10 to 14-day period. There is quite detailed advice for managers in the COVID-19 supplement guidance if people want to look there.

Q17 – New Variant

Q:

Deborah Sturdy
It's now 2 minutes to the end of our session, and just to say, there have been 411 questions asked, so huge amounts. We will take those away, group them and get those answers back to you.

The final question really to you, Eamonn, is what we're going to do with the changes that we're making if there's a new variant.

A:

Dr Éamonn O'Moore
Of course, this is part of our contingency planning, so UKHSA have got a range of genomic surveillance mechanisms in place that allow us to have early detection and response to any new and emergent variant. I mentioned earlier this work that we're doing on a framework that is thinking about the baseline response and that includes detecting a variant of concern and how we might change our approach, and then response, and then de-escalation. So, considering how we respond to variants of concern is the business that UKHSA is in. We are thinking about our needs around surveillance, our needs around testing, our needs around response and of course part of the response is about assessing the impact of any new variant as we saw with Omicron when it first appeared there was quite a lot of concern about whether it would be able to evade our vaccine and immune defences, what would its clinical impact be.

As time went on, we learned more about it that enabled us to refine our response, and that's going to be the same whatever new variant comes along, we will have an initial period where we perhaps are in information gathering phase and then we will refine our response accordingly. And of course, some VOCs (variants of concern) may appear in the very circumscribed settings, the locations, others may be more widely distributed, and so the response will be dependent on the scenario we face, but it's absolutely what we're here to do. Thinking about the defences that we require to respond to that is the business that we're in.

Conclusion

Deborah Sturdy
Thanks, and as I say apologies to the people who've posted lots and lots more questions that we've not been able to get through those, but we will answer and pick up those questions, group them and get something back to you shortly. So, thank you to the panel and thank you for your time this afternoon and again thank you for everything you have done and continue to do in the fight against this pandemic. Thank you very much.