



30 March 2022

To: Care providers, Care managers

Cc: Directors of Adult Social Services, Directors of Public Health

**Adult Social Care: Updated Infection Prevention and Control guidance and new COVID-19 supplement**

In line with 'COVID-19 Response: Living with COVID-19', the Department of Health and Social Care (DHSC) will shortly be publishing updated infection prevention and control (IPC) guidance for adult social care, replacing the current suite of COVID-19 guidance. This resource sets out long-standing principles of IPC and advice on their application, which will be familiar to the sector. By bringing this together in a single streamlined reference document, the government aims to help set expectations of good IPC practice and support consistency of application across the sector. The updated guidance also includes a COVID-19 supplement, outlining the measures that will continue to be in place to help manage the threat of COVID-19 in care settings, and sits alongside the "COVID-19 testing in Adult Social Care" guidance document which will also be published today.

I would like to thank all those who attended stakeholder workshops and commented on drafts - your input has shaped and improved the guidance – and we have heard about the need for additional resources to support the interpretation and application of the guidance. DHSC will continue to work closely with stakeholders to address these needs, acknowledging that as sector experts and practitioners you know how best to take the principles of IPC and apply these effectively to the areas within which you work.

We are also hosting webinars for care home, non-care home, and all setting service managers on 6, 7, and 29 April respectively, chaired by the Chief Nurse of Adult Social Care, Deborah Sturdy OBE. These will support the sector to implement the new guidance and to address questions and concerns about the policy changes. We would encourage all care managers to register in advance for the relevant webinars through the following links:

- 6 April, DHSC webinar on changes to COVID-19 measures in care homes from April 2:30-3:15pm: <https://www.eventbrite.co.uk/e/dhsc-webinar-on-changes-to-covid-19-measures-in-care-homes-from-april-tickets-308495938657>
- 7 April, DHSC webinar on changes to COVID-19 measures in non-care home services (including homecare) from April 3:00-3:45pm: <https://www.eventbrite.co.uk/e/dhsc-webinar-on-changes-to-covid-19-measures-in-adult-social-care-services-tickets-309899436557>

- 29 April, DHSC webinar on supporting implementation of the Infection Prevention and Control: Resource for Adult Social Care guidance 10:15-11:15am:  
<https://www.eventbrite.co.uk/e/dhsc-webinar-on-the-infection-prevention-and-control-resource-for-asc-tickets-309927249747>

Please find below a summary of the key policy changes coming into effect from 4 April.

## **Key changes to COVID-19 policy for Adult Social Care (ASC)**

### **Vaccines**

Vaccination as a condition of deployment (VCOD) is no longer a legal requirement for health and social care settings. However, getting vaccinated, and getting a booster, remains a crucial part of the defence against COVID-19 and the government strongly encourages everyone to do so. The COVID-19 supplement sets out that providers should:

- Encourage and support all their staff to get a COVID-19 vaccine and a booster dose as and when they are eligible, as well as eligible older adult care home residents to receive a Spring booster.
- Put arrangements in place to facilitate staff access to vaccinations for COVID-19 (and seasonal influenza) where possible and regularly review the immunisation status of their workforce, in line with 'The Green Book', available at:  
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Undertake risk assessments to ensure the safety of people who receive care wherever possible, taking into account the COVID-19 vaccination status of both staff members and the people they care for.
- Consider taking additional steps such as wider IPC measures and prioritising the deployment of vaccinated staff to care for those who are higher risk of severe COVID-19 infection where proportionate.

Further information about the revocation of VCOD policy and what this means for adult social care settings is available at:

<https://drive.google.com/drive/folders/15dH48HUqTJIFk1mWYfNmJOtBr9-ZV7ww>

### **PPE**

Recommendations on the use of PPE remain broadly unchanged. As previously announced, the government will provide free PPE for COVID-19 needs until the end of March 2023, or until guidance is substantially amended.

From 4 April, FFP3 masks will continue to be recommended when carrying out Aerosol Generating Procedures (AGP) on people who are suspected or confirmed to have COVID-19, or other infections spread by the aerosol or droplet route. However, FFP3 masks will no longer be recommended when undertaking AGPs if the person is not suspected to have a relevant infection. In this situation, a Type IIR fluid resistant surgical mask will provide appropriate protection.

Clarity has also been provided about the PPE recommended when caring for a person with confirmed or suspected COVID-19, compared to standard precautions. Providers should refer to the guidance for recommendations for specific scenarios.

## Testing

Over the course of the pandemic testing in ASC has played a key role in helping to prevent transmission and contain the spread of COVID-19. From 4 April, the government will continue to provide tests to the sector to help manage the spread of COVID-19, prioritising groups most at risk of infection, and reducing testing requirements where possible to ease the additional burden testing places on care services. As set out in the guidance:

- Testing will remain available for staff in care homes, extra care and supported living services, homecare organisations and day care centres, as well as personal assistants, social workers, Shared Lives workers and CQC inspectors.
- Asymptomatic staff testing will be changed from daily LFDs before work to twice weekly LFDs during periods of high prevalence. This will ensure testing continues to identify positive cases to protect those most vulnerable to COVID-19 and align ASC staff testing with the NHS.
- Symptomatic testing will be changed to two LFDs taken 48 hours apart, available for all Adult Social Care staff, as well as residents in care homes and extra care and supported living services. All regular asymptomatic resident testing will end.
- For those who test positive, free LFDs will continue to be available to allow staff to return to work earlier. Individuals should test from day 5, ending isolation early after two consecutive negative tests taken 24 hours apart.
- Free daily LFDs will also be available to enable 5 days of rapid response staff testing in the event of a single positive case in care homes or high-risk extra care and support living settings. In care homes, free PCR and LFD tests will also continue to be available to manage outbreaks.
- Visitors to care homes will no longer need to test before entering but are asked to take necessary precautions to keep themselves and their loved ones safe, in line with general population guidance.
- A small number of visitors who are providing personal care will be asked to test before entering when prevalence is high, up to twice weekly if visiting more than twice, with free LFD tests available for these visitors during periods of high prevalence.
- End of life visits should continue to be supported in all circumstances.
- NHS staff, CQC inspectors and social workers will continue to have access to free testing during periods of high prevalence and should show evidence of negative tests up to twice weekly prior to entry to a care home. Visiting professionals who provide personal care will also be asked to test before entering in the same way as visitors providing personal care with tests provided to the care home for this purpose. All other visiting professionals will not need to test prior to entry.
- Residents should continue to be tested on admission to care homes, with free tests provided by the NHS for those being discharged from hospital and free tests provided to care homes for those entering from the community or another care setting.
- Unpaid carers who do not live with the person they care for will continue to be able to access free PPE.

Care homes enrolled in the Vivaldi study may be asked to carry out additional asymptomatic testing to help this important research to continue. Further guidance will be issued shortly to care homes participating in this study.

## Isolation for care home residents

Care home residents will no longer be asked to isolate following high-risk visits out of the care home (including following emergency hospital stays) and will not be asked to take a test following a visit out.

Residents will only be asked to isolate for 10 days if they test positive for COVID-19 or if they are discharged from an area of a hospital in active outbreak, or if the care home is in outbreak. Free LFD tests will remain available to end isolation as soon as possible to minimise the impact on resident wellbeing. Individuals will continue to be able to test from day 5, ending isolation early after two consecutive negative tests taken 24 hours apart. Every care home resident should be enabled to receive one visitor during their period of isolation, who can visit at any time.

### **Staff movement**

During the pandemic, the movement of staff providing direct care has been restricted to mitigate the risk that staff will transmit infection from one setting to another. This has been a critical measure to reduce the spread of infection, but I am aware it has impacted on the ability of providers to manage staffing levels and restricted the ability of staff to work flexibly across locations. From 4 April, there will no longer be a requirement to restrict the movement of care staff between settings. Staff movement still carries a risk, and there may be circumstances where providers are asked to limit staff movement by the local Director of Public Health or Health Protection Team (HPT) - for example, if there is high prevalence of COVID-19 locally or in an outbreak. Staff are advised to continue to take part in their service's regular testing regime to minimise the spread of COVID-19 and to receive their COVID-19 vaccines and boosters, if they haven't already, as soon as they become eligible.

### **Discharge of COVID-positive patients into care homes**

Designated settings have played an important role in ensuring that COVID-positive people were not discharged from hospitals into care homes. I am grateful to all providers who have taken part in the scheme. Following a review of the clinical advice, which took into account the vaccine and IPC measures in place in care settings, the government is able to advise that from 1 April care homes will be able safely to accept COVID-positive people when they are discharged from hospital, removing the need to place residents in an unfamiliar setting before moving again.

If a home admits someone who is COVID-positive they should isolate them from residents who have not tested positive, and where possible, have staff dedicated to their care. A care home can refuse to admit a resident if they do not feel able to care for them safely. In line with the discontinuation of designated settings nationally, the Designated Settings Indemnity Support (DSIS) will come to an end on 31 March 2022.

I would like to thank you for the dedicated work you have consistently undertaken to protect some of the most vulnerable people in our society during the challenges of facing COVID-19. I look forward to continuing to work alongside you to improve the experience for all who provide and receive care, as we implement our reforms announced last year.



**Gillian Keegan**

