



# Department of Health & Social Care

**CARE**

30 March 2023

From: Adult Social Care Delivery  
Department of Health and Social Care  
39 Victoria Street  
London SE1H 0EU

To: Adult social care service providers  
Directors of Adult Social Care Services  
Directors of Public Health, Health Protection Teams and wider stakeholders  
Health Protection Teams and other relevant local bodies

Dear colleagues,

## **ASC Infection Prevention and Control changes for 23/24**

I am writing to you to set out details for adult social care following the Government's announcement on testing and infection, prevention and control (IPC) measures in 2023/24 across different settings in England.

In April 2022, the Government set out its ambition to transition towards managing COVID-19 similarly to other respiratory illnesses as the risk from COVID-19 reduces. Following reductions in testing and IPC measures in April 2022, we have therefore continued to scale back testing and IPC measures over the last year when it has been proportionate to do so.

In line with this, asymptomatic staff testing was paused in August 2022 and the risk-based use of face masks was introduced in December 2022 alongside increased flexibility in managing outbreaks in care homes.

Nonetheless, we recognise the ongoing pressures that measures place on the sector, and I am pleased to outline further proportionate changes to guidance from April 3, 2023, following updated public health and health protection advice.

Changes are based on the latest advice and evidence from the UK Health Security Agency (UKHSA) that indicates that the risk of harm from COVID-19 across adult social care has now been significantly reduced. This is due to high vaccination coverage amongst those receiving care, prior immunity, and access to COVID-19 treatments for those at the highest risk when appropriate. The Government is therefore moving to a risk-based approach to managing COVID-19 that prioritises reducing severe outcomes for those at the highest ongoing risk from COVID-19.

As part of this approach, it is important that care providers ensure they are aware of service users who may be eligible for COVID-19 treatments wherever possible. This will enable them to support individuals to access these if they become unwell. Providers should review the eligibility criteria and details outlined in [NHS guidance](#) on treatments for COVID-19, as well as in the updated [COVID-19 supplement to the infection prevention control resource for adult social care](#).

### **Overview of changes from 3 April 2023**

The [COVID-19 supplement to the infection prevention control resource for adult social care](#) has been updated to reflect changes to focus testing on those eligible for COVID-19 treatments. This also now contains information previously outlined in the COVID-19 testing

guidance for adult social care to streamline this into a single document. The guidance that should be followed from April 3, 2023 sets out that for all adult social care services:

- **Vaccinations** remain a vital protection against both COVID-19 and flu, helping to reduce the risk of serious illness, hospitalisation and death. We continue to encourage eligible staff and service users across adult social care to take-up existing and future vaccine offers for COVID-19 and flu whenever possible. This can be done via the [national booking service](#), by phoning 119, or via a visiting vaccination team for residents in care homes.
- **Symptomatic testing** of individuals is advised only if they are eligible for COVID-19 treatments and have [symptoms of a respiratory infection](#). This is unless advised as part of a suspected outbreak in a care home only. This is in line with general NHS settings and a focus on testing to enable treatment.
- **People with [symptoms of a respiratory infection](#) who are not eligible for COVID-19 treatments** therefore do not usually need to test but are asked to stay away from others until they feel well again and do not have a temperature. This includes staff with symptoms, who are asked to stay away from work during this time, in line with guidance for other respiratory illnesses.
- **People who test positive for COVID-19** should follow updated guidance to stay away from others for a minimum of 5 days and until they feel well and no longer have a temperature. This replaces guidance to stay away from others for up to 10 days and means tests to return to normal activities before 10 days are no longer needed.
- **Free PPE** remains available for COVID-19 needs until March 2024, or until stocks run out if earlier than this. The use of face masks should continue to be risk-based.

For care homes and high-risk extra care and supported living settings:

- **Rapid response testing** of staff after a single positive case in the setting is no longer recommended.

For care homes only:

- **In a suspected or confirmed outbreak**, there is no longer a need to test the whole home to identify COVID-19 cases. Instead, only the first 5 linked symptomatic residents should take a lateral flow test to assess if there is an outbreak if 2 or more residents display [respiratory symptoms](#) within 14 days. This is in addition to tests taken by any symptomatic individuals eligible for COVID-19 treatments. PCR tests are no longer advised. Further testing should only be done if advised by the local health protection team (HPT) due to specific issues of concern, outlined in [guidance](#).
- **Outbreak measures** should now focus on protecting those who are at the highest-risk from COVID-19. Measures can be lifted 5 days after the last positive or suspected case of COVID-19. Recovery testing with PCR tests is no longer required, and there are no differences in guidance between small and larger care homes. All care homes can continue to make use of flexibility to initiate their own risk assessments if they feel able to do so, with local health protection team (HPT) support available if required.
- **Hospital admissions** to care homes should test with a lateral flow test within 48 hours before hospital discharge. PCR tests should no longer be taken. Positive individuals can continue to be able to be admitted, provided they can be isolated and cared for safely. If residents being admitted develop respiratory symptoms after their discharge test, the provider can conduct a further lateral flow test at their discretion.

- **Community admissions** do not need to test as there is a lower risk of exposure compared to a hospital setting. This is also in line with no testing requirements for existing residents following visits out.

### **Staff sick pay and good health and safety practice**

It is important that staff who have respiratory symptoms or who test positive for COVID-19 are able to stay away from work in accordance with the guidance, and access to sick pay is a key factor in this. We expect all providers to support good health and safety practice in line with this.

As set out in the [Care and Support statutory guidance](#) local authorities have a responsibility to consider the remuneration and contractual terms and conditions offered to staff employed by care providers from whom they commission services. When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This could include consideration of the appropriateness of sick pay arrangements. Contract terms, conditions and fee levels should support and promote the wellbeing of people who receive care and allow for the service provider's ability to meet statutory pay obligations.

### **Removal of PCR tests**

The outlined changes to guidance have been made based on an assessment of the latest risk in adult social care to ensure that measures are proportionate. Lateral flow tests continue to be effective at identifying COVID-19 quickly and reliably, and PCR tests are no longer advised.

PCR tests should therefore no longer be undertaken unless advised and supplied by the NHS for an individual eligible for COVID-19 treatments who has tested positive, or if advised by an HPT during a care home outbreak. These organisations will provide further details on this where required, as well as advising where the PCR should be sent to. Please note that from April 1, any PCR tests returned via existing routes will not be processed and the results of tests will not be communicated.

In line with this, if a care home is currently in outbreak, PCR recovery testing should not be undertaken as measures can now be lifted 5 days after the last confirmed or suspected case. However, care homes may be asked to undertake multi-pathogen swabs by an HPT if there are specific concerns. Existing in-date PCRs may be reserved for this use in care homes.

Otherwise, any excess or expired PCR test kits should be disposed of in a normal household waste bin, or by informing a local waste management company if there are multiple boxes.

### **Ordering tests**

Residential care services, such as extra care, supported living and care homes, may continue to order LFD tests on an organisational basis to provide tests to those [eligible for COVID-19 treatments](#). In addition, care homes will need LFD tests in case an outbreak is suspected. These routes have been kept open as services may have many service users eligible for treatments in one location.

Other services who previously had dedicated test ordering routes, such as home care and adult day care centres, should now order tests for individuals eligible for COVID-19 treatments through the gov.uk portal, directly to the care recipient's home.

It remains important that staff, service users and visitors continue to follow [ongoing guidance on infection, prevention, and control](#). This will continue to protect the most vulnerable, whilst avoiding staff having to test regularly when it is not necessary or proportionate.

Thank you to you and your staff for all your continued efforts as we continue to adapt to living with COVID-19.

Yours sincerely,

Claire Armstrong

Director of Adult Social Care Delivery,  
Department of Health and Social Care