

Roles and responsibilities for swabbing of care home residents across the system to control and prevent the spread of Covid-19 infection in care homes

The Government's number one priority for adult social care is for everyone who relies on care to get the care they need throughout the COVID-19 pandemic. Millions of people rely on this care and support every day. As the pandemic progresses, these vital services must remain resilient.

Nationally around two thirds of people living in care homes for the over 65s are over 85 years old and it is estimated that around 70% will be living with dementia. We know that people living in care homes are some of the most vulnerable people in our society and this cohort have been found to be more vulnerable to catching and dying from COVID-19.

On a local level, across Bradford District and Craven CCG, there are 128 care homes (13 in Craven) with approx. 4200 beds. These homes support older people, disabled people and those with long-term conditions. In April 2020 the Government published its Action Plan for Social Care, which sets out the Government's approach for all settings and contexts in which people receive adult social care. [COVID19: Action Plan for Social Care Department of Health and Social care April 2020](#)

The approach focuses on 4 key areas including the control of the spread of infection through better testing for care home residents of COVID-19 status and providing effective isolation strategies or cohorting policies across health and social care. This document summarises the roles and responsibilities for each organisation and provides a visual map of the following scenarios where testing is required.

- Discharge of new and existing 'residents' going in to a care home setting from hospital
- Admission of individuals in to a care home from community setting
- Current residents that are symptomatic in a care home setting (Pillar 1)
- Testing of residents post outbreak (Pillar 2)

Roles, responsibilities and pathways have been brought together incorporating current national guidance (DHCS, 2020), and working with system partners to establish workable local pathways. This is a fast moving process, and there are still some unknowns and it is expected that this will be a 'live' document that will be updated as we receive further guidance in the coming days. In addition, emerging international research may influence further changes as we move forward.

[\(European centre for disease prevention and control, 2020\).](#)

Roles and responsibilities

1. Discharge from hospital of new and existing residents going into a care home setting

Our guiding principles related to the discharge of patients

- Infection free homes must be kept infection free. This means anyone who is COVID-19 positive should not be sent to a home that is COVID-19 free.
- Homes that already have residents with COVID-19 symptoms/confirmed COVID-19 should have a discussion, led by the discharge team, to determine their ability to manage additional patient admissions
- All re-starts of packages of care and discharges must be managed by the discharging hospital's MAID/MARH team

Scope of this pathway - for the purpose of this pathway a care home relates to a residential setting where a number live, usually in single rooms, and have access to care services. This includes residential and nursing homes, extra care facilities and supported living accommodation.

Hospital Responsibilities

- Hospitals will institute a policy of testing all patients prior to admission to care homes.
- Hospitals will have a responsibility for testing patients within 48 hours before the scheduled discharge to the care home.
- If specialist NHS rehabilitation and recovery is needed the hospital may be able to transfer directly to the appropriate NHS/social care setting with 'COVID-free' status after 14 days. A follow up test will be required to confirm negative status prior to discharge (to include community hospitals)
- Patients **will not be** discharged to the care home when a test result is still awaited and the care home is unable to provide effective isolation/cohorting strategies. If discharge cannot be delayed the **hospital will contact the LA via Hospital Discharge Team** for admission into LA short term bed until test results received/ required isolation period is over.
- **If COVID-19 negative** the hospital is required to confirm the COVID-19 status of the home. If the home has positive status the resident should be referred to LA for alternative accommodation isolation/cohorting in a LA 'Non COVID' suite.
- **If COVID-19 positive** the patient should not be discharged to a care home that is COVID-19 free. They should be referred to LA for alternative accommodation isolation/cohorting in a LA COVID-19 suite.
- Hospitals should ensure that results are recorded on ICE system and recorded on SystemOne
- All potential discharges to a care home will go through the MAID/MARH team who will review individuals needs and arrange appropriate transfer incorporating the principles of **'Keep infection free homes infection free'**
- The hospital MAID/MARH team will inform care homes **via NHS email** (where possible) within 1 working day once a positive test is reported to enable COVID-19 home status confirmation and to check the care home has effective infection control measures in place. Information should include date and time of any COVID-19 tests, date and onset of symptoms, and agreed care plan for isolation on discharge.
- Hospitals will confirm that the care home has sufficient supplies of PPE and signpost the care home to report any urgent needs for PPE via the online Capacity Tracker and by emailing

commissioninginbox@bradford.gov.uk. Hospitals will discharge residents back to the care home once assured that there are sufficient stocks of PPE

- Some people may be discharged from the NHS within the 14 day period from the onset of COVID-19 symptoms that have been tested and have a **confirmed COVID-19 positive status** and require ongoing social care.
- The hospital should confirm COVID-19 status of the home and not discharge to a care home that is COVID-19 free. These would need to be referred to LA for alternative accommodation isolation/cohorting in a LA COVID suite. If the care home is COVID-19 positive **some care providers will be able to accommodate these individuals through effective isolation strategies or cohorting policies.**
- If an appropriate isolation/cohorted care is not available with a local care provider, the hospital will contact **LA via Hospital Discharge Team** for admission into LA short term bed for required isolation period.

Care Home Responsibilities

- Care homes should ensure that **Red Bag Hospital Transfer Pathway** documents are sent with all residents going to hospital. The **Assessment/SBAR** form should include the **current COVID-19 status of the home** i.e. is the home COVID-19 positive or infection free. If this changes while the resident is in hospital, the care home should inform the hospital ward/discharge team as soon as possible.
- To work with the hospital ward/discharge team prior to discharge on individual test results and understand individual's care needs. Care homes should also report any changes to the COVID-19 status of the home i.e. Is the home COVID-19 positive or COVID-19 free.
- Working with the principles of **keep infection free homes infections free**, care homes should note if the test is negative and the home has positive status as consideration will be given for alternative accommodation in LA 'Non COVID' suite.
- **If the resident is COVID-19 positive, they will not be discharged to a care home that is COVID-19 free.** They should be referred to LA for alternative accommodation isolation/cohorting in a LA COVID suite.
- **If COVID-19 positive test in a COVID-19 positive home**, care homes must confirm with the hospital discharge team as soon as possible if they are able to accommodate these individuals through effective isolation strategies or cohorting policies.
- Care homes will inform the nurses in the Telemedicine hub of any residents that are COVID-19 positive so that they can agree a plan for enhanced support 'ward rounds' based on individual needs.
- Care homes are required to ensure they are aware of the types of PPE that need to be worn during the pandemic to support COVID-19 positive residents and prevent transmission. Further guidance and training is available at: [COVID 19 -how-to-work-safely-in-care-homes](#), Bradford Infection Prevention Team and via the nurses in the Telemedicine hub at Airedale Hospital
- Care homes are required to access PPE through their normal supply routes in the first instance; however they should report any immediate shortages of PPE to BMDC via the online Capacity Tracker. Where flagged as red/amber for PPE, BMDC will contact the home to discuss options and to trigger emergency order if required.

- If a resident is to be discharged **asymptomatic into a care home**, the care home should **instigate a 14 day isolation period** to mitigate against any transmission of infection as a precaution. If care home is unable to meet this requirement they are required to discuss this as soon as possible with the hospital discharge team to enable alternative local authority arrangements assisted by appropriate NHS primary and community-based care.
- If LA provides alternative arrangements for a period of isolation/cohorting, the care home should provide assurance for timely readmission to the home on completion of the isolation period **and** when symptom free.

Local Authority Responsibilities

- Support the principle of keep infection free homes infection free
- To support the safe and timely discharge for individuals going in to a care home that have been tested positive and/or waiting for results when **the care provider confirms that they are able to accommodate these individuals through effective isolation strategies or cohorting policies.**
- To secure appropriate accommodation for the required isolation period if isolation/cohorted care is not available with a local care provider.
- Provide support and guidance to care homes re infection prevention and control (PPE guidance/accessing PPE isolation/cohorting) via provider bulletins and specialist advice to meet individual need.
- To provide appropriate 'non COVID' accommodation where required (**keep infection free homes infection free**).

2. Admission from community OR transferring from one care home to another

Individuals coming from the community OR transferring from another care facility (i.e. LA short term bed/COVID suite) need to be tested prior to admission to a care home setting and will require isolation for a 14 day period following admission.

2a. Admission from community 'own home' to a care home

BDCFT Community Nursing Team Responsibilities

- For all individuals known to community nursing teams who are both symptomatic and asymptomatic the COVID-19 Home Visiting Team (C19HVT) will carry out the test. A referral will be made from the LA assessment team to the C19HVT to request the test.
- For individuals not known to the community nursing teams. The COVID-19 Home Visiting Team will accept any referrals made by LA assessment team to carry out any tests.
- The COVID-19 Home Visiting Team will be responsible for taking the swabs to the appropriate hospital for testing.

BDCFT Infection Prevention Team Responsibilities

- Test results are recorded on to ICE and reviewed by BDCFT Infection Prevention Team
- BDCFT Infection Prevention Team informs **LA Assessment Team on: 01274 437070** who will inform the care home and agree plan of care for admission/further isolation.

Microbiology Laboratory

- Test results are also recorded on SystmOne

Local Authority Responsibilities

- LA will refer any COVID-19 test requests to the COVID-19 Home Visiting Team.
- LA Social Work Team are responsible for informing the 'receiving' care homes, GPs/Immedicare and family of positive test within 1 working day to enable effective infection control measures in the care home and ensure that primary care and the Telemedicine hub provide increased surveillance of any residents in that care home that require extra support. The following information is required: date and time of any COVID-19 tests, date and onset of symptoms, agreed care plan for isolation/cohorting.
- LA Infection Prevention Team will provide advice and guidance re IPC, PPE and isolation/cohorting.
- LA to provide support to the care homes in accessing emergency PPE if required to enable sufficient stocks to support any COVID-19 positive people being admitted in to the home.
- For people living in community, not known to community nurses i.e. private funders who have referred directly to the care home, **care homes** are required to contact the LA in the first instance to arrange testing via the COVID-19 Home Visiting Team prior to admission.
- LA are responsible for arranging referrals and testing via the COVID-19 Home Visiting Team and reporting results to the independent care sector
- If the individual tested in community is COVID-19 positive, they will not be admitted to a care home that is COVID-19 free. They should be referred to LA for alternative accommodation isolation/cohorting in a LA COVID suite.
- If the test is negative and the home has positive status, they will not be admitted to the care home and consideration will be given for alternative accommodation in LA 'Non COVID' suite
- **If COVID-19 positive test in a COVID-19 positive home**, care homes must confirm with the LA as soon as possible if they are able to admit and accommodate these individuals through effective isolation strategies or cohorting policies.
- If appropriate isolation/cohorted care are not available with the care home, the local authority is responsible for securing alternative appropriate accommodation and care for the individual requiring care.

Care Home Responsibilities

- Support the principles of keep infection free homes infection free
- For people living in community not known to community nurses i.e. private funders who have referred directly to the care home, **care homes are required to contact the LA** in the first instance to arrange testing via The COVID-19 Home Visiting Team prior to any admissions
- For any new admissions to the care home a 14 day isolation period should be instigated by the home. If care homes are unable to meet this requirement they are required to discuss this as soon as possible with the LA assessment team to enable alternative local authority arrangements assisted by appropriate NHS primary and community-based care

Immedicare Responsibilities

- The Super Rota and Immedicare nursing staff will be responsible for providing enhanced surveillance of COVID-19 positive residents until the end of the 14 days isolation/cohorting period (those that continue to be unwell will continue to be monitored).

2b. Transferring from one care home to another

Local Authority Responsibilities

- **When symptom free**, if being transferred from a LA short term bed after isolation period, the LA is responsible for contacting the COVID-19 Home Visiting Team to complete test at least 48 Hours before discharge to another care setting
- If being transferred from one independent care home (ICH) to another, the LA is responsible for contacting the COVID-19 Home Visiting Team on behalf of the ICH.
- **If COVID-19 negative** status, the LA contacts the care home to arrange discharge. (if home is infection free)
- **If COVID-19 positive** status, the social worker (LA) will inform the relevant care provider (and Immedicare) of date and time of all COVID-19 tests and continued COVID-19 *positive status and will advise staff to continue to isolate/cohort, check temperature x 2 daily. Once apyrexial on 2 consecutive days, resident should be retested via The COVID-19 Home Visiting Team.*

BDCFT Community Nursing Team Responsibilities

- For any individuals that require transfer from one home to another, the COVID-19 Home Visiting Team will accept any referrals made by LA assessment team to carry out tests.
- The COVID-19 Home Visiting Team will be responsible for taking the swabs to the appropriate hospital for testing.

BDCFT Infection Prevention Team (IPT) Responsibilities

- Test results are recorded on to ICE and reviewed by BDCFT IPT
- BDCFT Infection Prevention Team informs **LA Assessment Team on: 01274 437070** who will inform the care home and agree plan of care for admission/further isolation.

Microbiology Laboratory Responsibilities

- Test results are to be recorded on SystemOne

Immedicare Responsibilities

- Once referral received, Immedicare nurses and the Super Rota will be responsible for providing enhanced surveillance of COVID-19 positive residents until the end of the 14 days period and beyond for those that continue to be unwell.

3. Current residents that is symptomatic in a care home setting

3a. Pillar 1 Residents at the point of outbreak

Care home Responsibilities

- **At the point of an outbreak** care homes are required to contact the Public Health England local Health Protection Team on: **0113 386 0300 (9 to 5) or out of hours on: 0114 304 9843** if **any** residents develop **any** COVID-19 symptoms. HPT will send swabs for the number of people that are symptomatic at that time (minimum of 5).
- If any residents develop **any** symptoms care homes should assume COVID-19 positive and provide isolation/barrier nursing for 14 days and whilst waiting for test results.

- Care homes are required to swab symptomatic residents following PHE guidance <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested> and send to the laboratory for testing via courier.
- Where care home providers are unable to carry out the swabbing procedure they should call Immedicare telemedicine nurses in the first instance for support.
- Whilst waiting for tests care homes **should assume COVID-19 positive and provide isolation for 14 days for** any residents showing any of the symptoms.
- Care homes are required to contact HPT for test results via phone on: **0113 386 0300**. HPT will provide test results for all those swabbed to the care home manager who is required to disseminate the results to the resident/family, staff and GP.
- Care homes should record COVID-19 status in individuals care plan and **register any COVID-19 positive residents with Immedicare** who together with the **Super Rota** will provide enhanced surveillance and support for that person.
- Care homes should implement and maintain a **COVID-19 Test Tracker (CTT)** to maintain a log of residents that are symptomatic and have been swabbed which should include name, DOB, date of swab test, test kit URN, time of swab test, date of courier collection, expected date of test results, test result, date resident/family and GP informed. If the home has nhs.net email this information can also be shared with the GP and Immedicare to support enhanced surveillance via the Immedicare nurses and Super Rota to. If this is not available please contact Immedicare in the first instance to register the resident.
- **If a COVID-19 positive** result; care providers must confirm with LA that they are able to accommodate these individuals through effective isolation strategies or cohorting policies
- **If unable to provide effective isolation strategies or cohorting, the care home must contact the local authority** to secure appropriate accommodation and care for required isolation

Public Health England Responsibilities (Pillar 1)

- At the point of outbreak PHE via the local Health Protection Team will arrange testing of **all symptomatic residents**.(min of 5 swabs will be sent)
- Work with care home staff to identify the cause of any outbreaks.
- Complete a risk assessment and advise on infection prevention and control measures.
- Provide a daily report of new cases to the system

Local Authority Responsibilities

- When appropriate isolation/cohorted care is not available/not appropriate within the care home the local authority is responsible to secure alternative appropriate accommodation and care for symptomatic residents.
- Lead on local response to care homes to manage the outbreak with regards to accessing PPE, infection control management advice etc.
- Infection prevention team to provide specialist advice and daily support to homes with current outbreaks

Immedicare Responsibilities

- Immedicare staff in the digital care hub will support the care homes to carry out swabbing of residents through remote training and support
- Immedicare nurses and the Super Rota will provide enhanced surveillance of COVID-19 positive residents until the end of the 14 day period and beyond is resident remains unwell.

3b. Pillar 2 Testing of residents post outbreak

The DHSC Pillar 2 is beginning to deliver a whole home testing approach following identification of an outbreak, which is currently having a phased roll out. This service is currently **only available to care homes which look after older people or people with dementia.**

Once the DHSC process is delivering at full capacity it may be possible to test those homes that do not have an outbreak, potentially providing a regular testing offer across the sector.

Care Home Responsibilities

- If extra test kits are required to the initial kits supplied, care homes (which support older people or those with dementia) should request whole-home testing through the [Care Home Testing Portal](#)
- The care home Registered Manager will complete the online registration process in order to ensure the receipt of results. They will require their CQC registration number. If a manager has questions about their test kit registration, contact the **Coronavirus Testing Call Centre on 0300 303 2713**. (Open 07:00 to 23:00 every day)
- Complete swab test of **all** remaining residents not yet tested. (Guidance available online at <https://www.youtube.com/watch?v=8lo6g-TYZ-c&>)
- Ensure completed swabs are picked up and taken for testing at a DHSC lab, with a target 48hrs turnaround
- Results of subsequent residents tested will be sent by the DHSC lab to the care home manager, relying on them to disseminate the results to the residents, staff, family and GPs. DHSC have undertaken to provide PHE and local authorities with a data feed and this work is ongoing

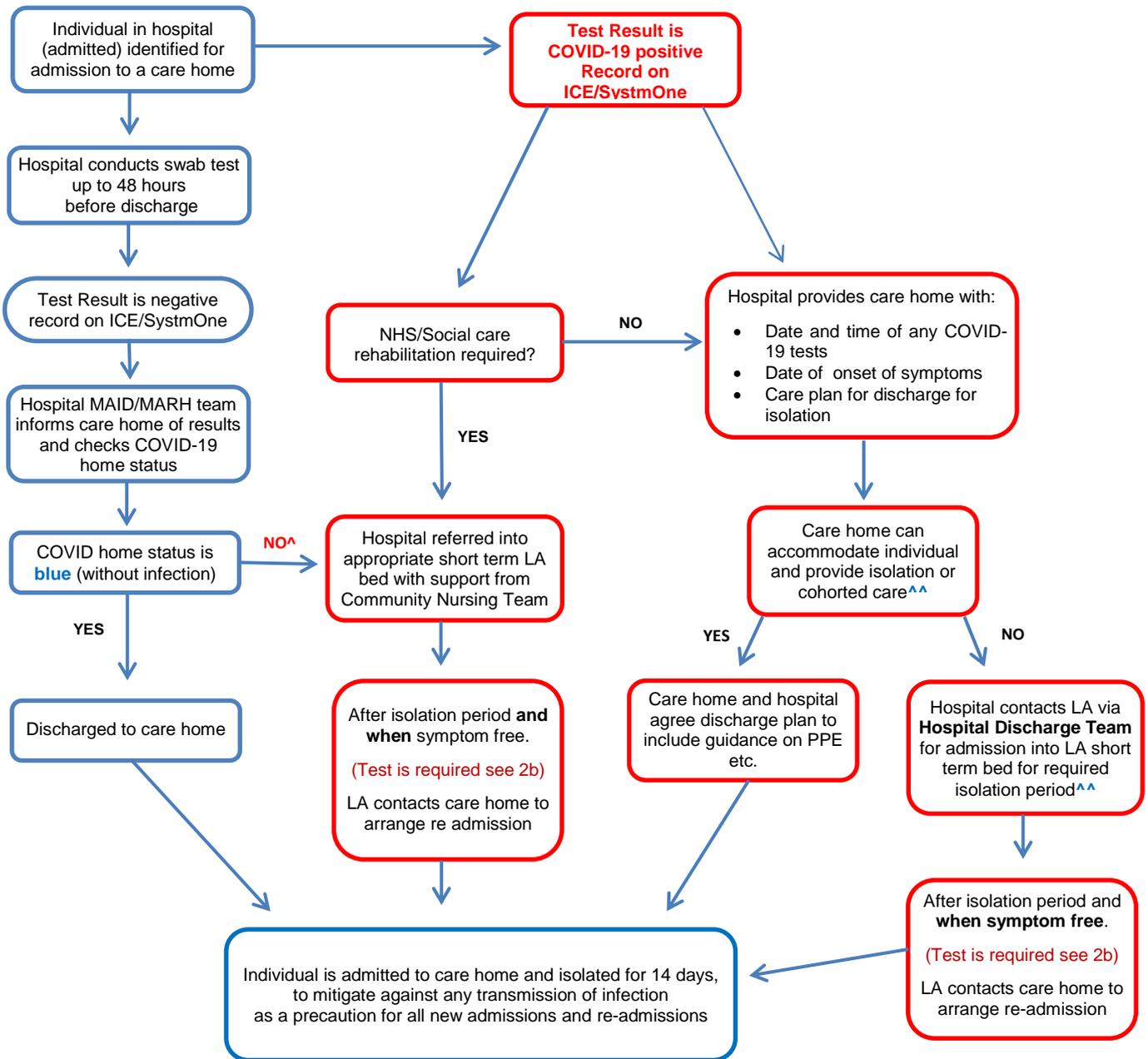
Local Authority Responsibilities

- Local Directors of Public Health and their representatives can also refer local care homes for further testing via the online portal.

Public Health England Responsibilities (Pillar 2)

- PHE will alert CQC of an outbreak in a home

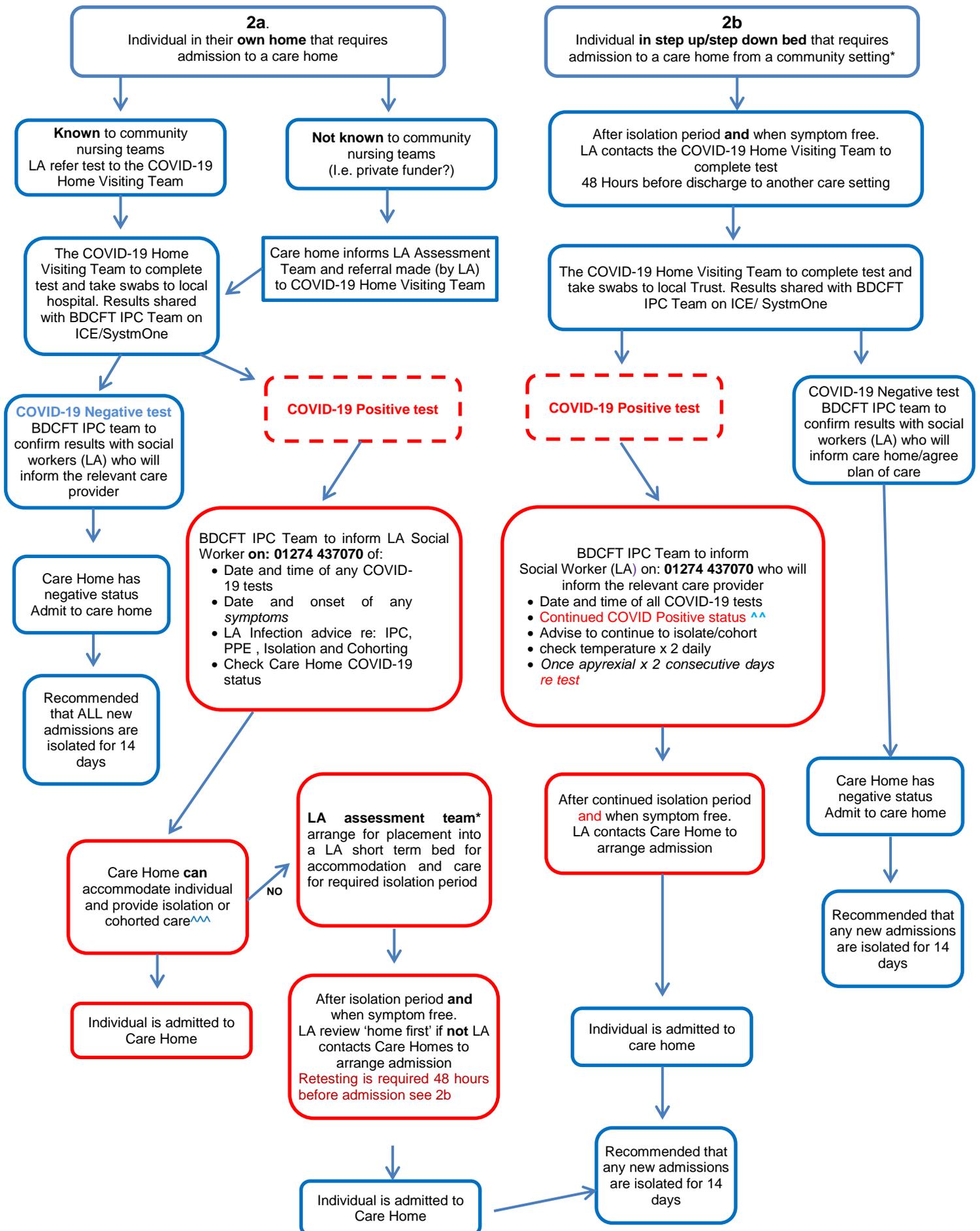
1. Discharge from hospital to a care home



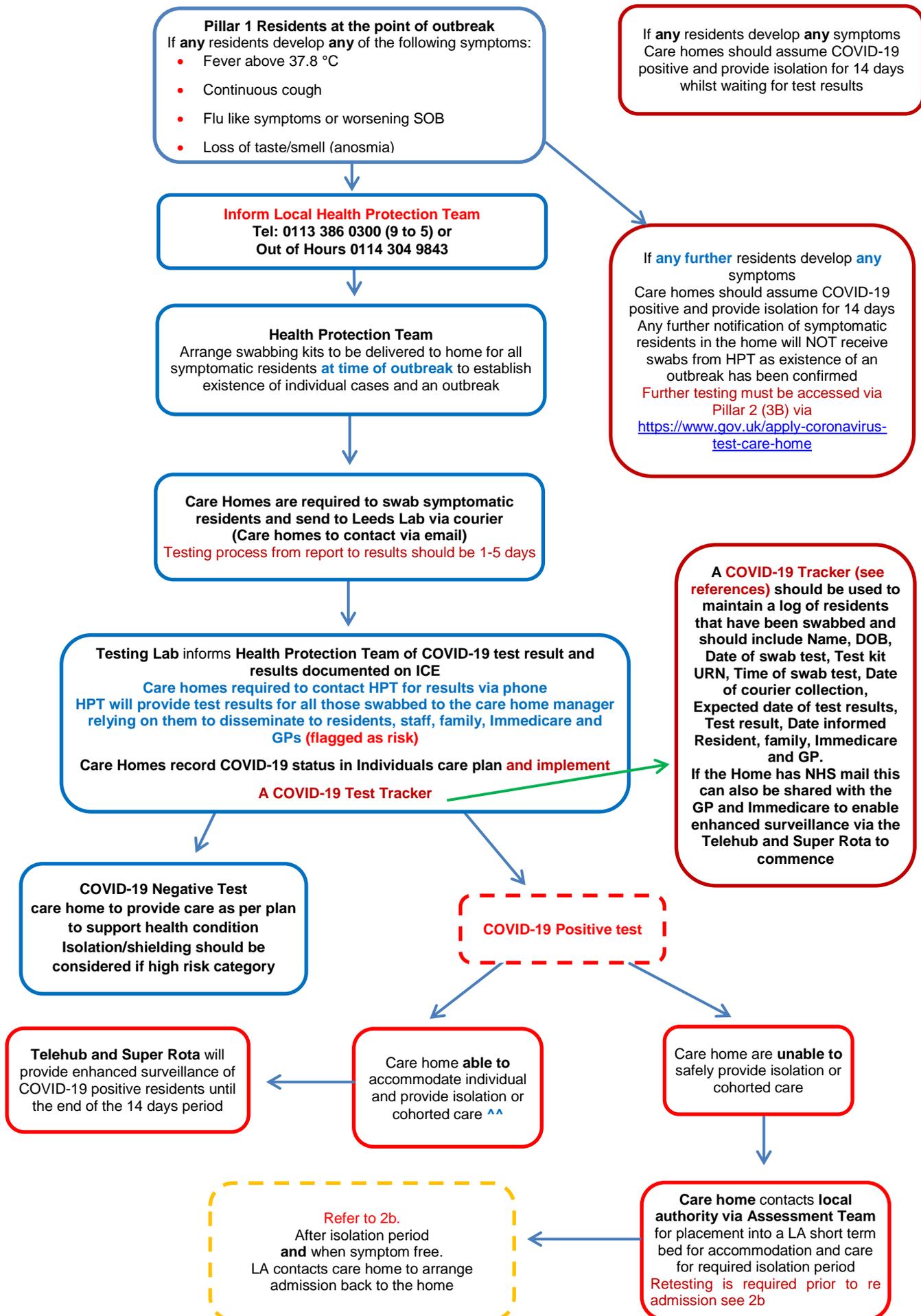
NO^ - consider if admission to a LA non COVID suite required to meet keep homes infection free principle

^^ Telehub and Super Rota will provide enhanced surveillance of COVID-19 positive residents for 14 days and beyond if remains unwell

2. Admission from community OR transferring from one care home to another



Pillar 1: Residents at the point of outbreak in a Care home



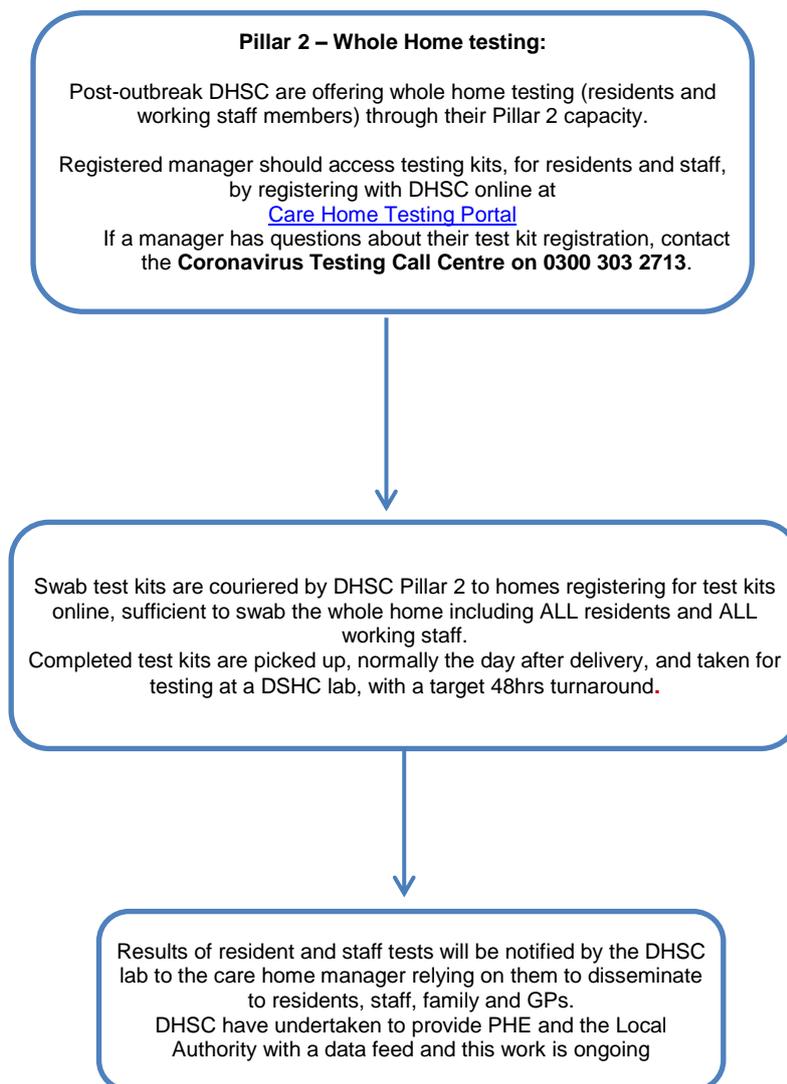
3b. Pillar 2 – Whole Home Testing for care home residents and staff* for ongoing/post outbreak.

The DHSC Pillar 2 is beginning to deliver a whole home testing approach following identification of an outbreak, which is currently having a phased roll out.

This service is currently **only available to care homes which look after older people or people with dementia.**

It is anticipated that the service will expand to offer testing for all Care home residents (under 65's) from June 2020

Once the DHSC process is delivering at full capacity it may be possible to test those homes that do not have an outbreak, potentially providing a regular testing offer across they sector



Version 2: This Guidance is correct as of 27/05/2020

This is a 'live' document that will be updated as we receive further guidance

References

CFPCMedia, (2020); *Optimizing care of the elderly and long-term care residents during the pandemic*, webinar
Available online at: <https://youtu.be/Wqbi6UiEyTU>

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Department of Health and Social Care, (2020); *COVID-19 scaling up testing programmes* Available on line at:
<https://www.gov.uk/government/publications/coronavirus-covid-19-scaling-up-testing-programmes>

Department of Health and Social Care, (2020); *How can I get the test for our staff and residents/clients?*

Available online at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884284/Adult_social_care_COVID-19_testing.pdf

Department of Health and Social Care, (2020); *The Coronavirus Testing Programme, Whole home testing for care home staff and residents*

see attached

Department of Health and Social Care, (2020); *Apply for coronavirus tests for a care home*

Available online at; <https://www.gov.uk/apply-coronavirus-test-care-home>

Department of Health and Social Care, (2020); *Suggested template for recording resident tests*

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884299/Template_for_logging_care_home_testing_for_residents.odt

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European Centre for Disease Prevention and Control, (2020); *Novel coronavirus (SARS-CoV- 2) When is it safe to discharge COVID-19 cases or end home isolation?*

Available on line at : <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-Discharge-criteria.pdf>

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Available on line at: <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-coronavirus-disease-2019-ninth-update-23-april-2020.pdf>