



ROLES AND RESPONSIBILITIES FOR SWABBING TO CONTROL AND PREVENT

THE SPREAD OF COVID-19 INFECTION IN CARE HOMES

This document summarises the roles and responsibilities for each organisation and provides a visual map of the scenarios where testing in care homes is required.

On a local level, across Bradford District and Craven CCG, there are 128 care homes (13 in Craven) with approximately 4,200 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 Care¹. The approach focuses on four 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.

The four scenarios are:

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

Roles, responsibilities and pathways have been brought together, incorporating current national guidance to establish workable local pathways. It is expected that this will be a 'live' document that will be updated as guidance is updated.

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

Guiding principles

- Infection free homes must be kept infection free. COVID-19 positive people will not be sent to a home that is COVID-19 free
- Homes with COVID-19 symptoms/confirmed residents will have a discussion, led by the discharge team, to determine their ability to manage additional admissions
- All re-starts of packages of care and discharges must be managed by the hospital Discharge Team

¹ [COVID19: Action Plan for Social Care Department of Health and Social care April 2020](#)

1. DISCHARGE FROM HOSPITAL OF NEW AND EXISTING RESIDENTS INTO A CARE HOME SETTING

1.1 Hospital Responsibilities

- Hospitals will institute a policy of testing all patients prior to admission to care homes 48 hours before the scheduled discharge to the care home
- All potential discharges to a care home will go through the hospital Discharge Team
- Hospitals will confirm that the care home has sufficient supplies of PPE
- **COVID-19 negative patient** - the hospital will confirm the COVID-19 status of the home. If the home has positive status the resident should be referred to LA for alternative LA accommodation isolation/cohorting
- **COVID-19 positive patient** - will not be discharged to a care home that is COVID-19 free. Refer to LA for alternative LA accommodation isolation/cohorting. If the care home is COVID-19 positive, some care providers may be able to accommodate these individuals through effective isolation strategies or cohorting policies
- Patients will not be discharged to the care home when a test result is still awaited unless the care home is able 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 rehabilitation and recovery is needed the hospital may be able to transfer directly to the appropriate NHS/social care setting with 'COVID-free' status. A follow-up test is still required to confirm negative status prior to discharge (including to community hospitals)
- Discharge information will include date and time of any COVID-19 tests, date and onset of symptoms, and agreed care plan for isolation on discharge where indicated
- Hospitals will record test results on ICE system and on SystmOne

1.2 Local Authority Responsibilities

- To support the discharge of individuals 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
- To provide appropriate non-COVID accommodation where required

1.3 Care Home Responsibilities

- Send the **Red Bag Hospital Transfer Pathway** documents with residents going to hospital. The Assessment/SBAR form should include the current COVID-19 status of the home
- **COVID-19 positive resident** – will not be discharged to a care home that is COVID-19 free. They will be referred for alternative accommodation isolation/cohorting in a LA COVID suite
- **COVID-19 positive resident to a COVID-19 positive care home** – the care home will confirm with the hospital discharge team whether it is able to accommodate these individuals through effective isolation strategies or cohorting policies
- **Asymptomatic resident to care home** – the care home will instigate a **14 day isolation period** to reduce the risk of transmission of infection. If the care home is unable to meet this requirement the hospital discharge team will seek alternative LA arrangements
- Following the period of LA isolation/cohorting and when the resident is symptom free, the care home will provide readmission
- Following hospital discharge, care homes will inform the Telemedicine hub of any residents that are COVID-19 positive to agree a plan for enhanced support 'ward rounds' based on individual needs
- Care homes will use appropriate PPE². Any immediate shortages of PPE refer via the online Capacity Tracker. Further guidance and training is available from Bradford Infection Prevention Team and via the Telemedicine hub.

1b. ATTENDANCE AT A & E

1b.1 Hospital Responsibilities

- Support the principle of keep infection free homes infection free.
- Hospitals will admit patients that need to be admitted on clinical grounds only.
- Any patients that have suspected COVID – 19 will be tested. However people will only be admitted if there is a clinical need
- If suspected COVID – 19 and admission is not required the person will be discharged back to home with advice to isolate for 14 days to mitigate against risk of transmission.
- If the home is infection free and the home is unable to provide isolation/cohorting Hospital refers to LA who will liaise with the home re wrap around support requirements.
- If asymptomatic in A & E would not generally carry out a test but would advise care homes to isolate the person for a period of up to 14 days to mitigate against any transmission of infection as a precaution for all new admissions/readmissions

² [COVID 19 -how-to-work-safely-in-care-homes](#)

2. ADMISSION FROM 'OWN HOME' OR TRANSFER FROM ONE CARE HOME TO ANOTHER

Individuals from the community OR transferring from another care facility must be tested prior to admission to a care home setting AND will require isolation for a 14 day period following admission.

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

BDCFT Community Nursing Team Responsibilities

- For all individuals known or not known, symptomatic or asymptomatic, the COVID-19 Home Visiting Team (C19HVT) will carry out the test on referral from LA or care home and transfer the swabs to hospital

BDCFT Infection Prevention Team Responsibilities

- Provide advice and guidance on IPC, PPE and isolation/cohorting
- Review test results recorded on ICE and advise the **LA Assessment Team on: 01274 437070** who will inform the care home and agree plan of care for admission / further isolation

Local Authority Responsibilities

- Refer any test requests to the COVID-19 Home Visiting Team (C19HVT)
- Inform the 'receiving' care homes, GP, Immedicare and family of a positive test within 1 working day to enable IPC measures. Include: date and time of all COVID-19 tests, date and onset of symptoms, agreed care plan for isolation/cohorting
- **COVID-19 positive test in 'own home'** – refer for LA accommodation for isolation/cohorting
- **COVID-19 positive test to a COVID-19 positive home** – if appropriate isolation/cohorting is not available with the care home the LA will secure alternative accommodation and care

Care Home Responsibilities

- Arrange testing via the COVID-19 Home Visiting Team prior to admission
- For any new admissions, instigate a 14-day isolation period. If unable to meet this requirement discuss this with the LA assessment team
- **COVID-19 positive test to a COVID-19 positive home** – care homes must confirm with the LA that they are able to admit and accommodate these individuals through effective isolation/cohorting

Immedicare Responsibilities

- Provide 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)

2. ADMISSION FROM 'OWN HOME' OR TRANSFER FROM ONE CARE HOME TO ANOTHER

Individuals from the community OR transferring from another care facility must be tested prior to admission to a care home setting AND will require isolation for a 14 day period following admission.

For admissions to a care home from community (i.e. own home or other care home) referrals can be made to BMDC **Safe and Sound** Team on: **01274 434994** by professionals involved or proposed admitting care home and results will be fed back by the refer.

Specific responsibilities for each pathway are demonstrated below:

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

BDCFT Community Nursing Team Responsibilities

- For all individuals known or not known, symptomatic or asymptomatic, the COVID-19 Home Visiting Team (C19HVT) (HomeTeamCovid19@bdct.nhs.uk) will carry out the test on referral from LA Safe and Sound

BDCFT Infection Prevention Team Responsibilities

- Provide advice and guidance on IPC, PPE and isolation/cohorting
- Review test results recorded on ICE and advise the **LA Bradford Hub** at LACovidtestresults@bradford.gov.uk with plan of care for admission / further isolation

Local Authority Responsibilities

- Refer any test requests made via Safe and Sound to the COVID-19 Home Visiting Team (C19HVT)
- Bradford Hub AIAs will record and manage testing using the LACovidtestresults@bradford.gov.uk email address, forwarding test request form with person's details to HomeTeamCovid19@bdct.nhs.uk
- When results are received back at Bradford Hub AIAs will log results and input onto the LA module of SystemOne and inform the referrer by phone of the outcome. A progress note will be input to SystemOne with the name of the person informed and the date.
- **COVID-19 positive test in 'own home'** if the person requires a care setting and the proposed home cannot take due to Covid 19 positive status refer to **LA Access Point on: 01274 435400** for LA accommodation for isolation/cohorting
- **COVID-19 positive test to an Independent Care Home** – if appropriate isolation/cohorting is not available with the care home a referral should be made to the LA Access Team on 01274 435400 to request that the LA secure alternative accommodation and care

Care Home Responsibilities

- Arrange COVID-19 testing via **Safe and Sound on 01274 434994** prior to admission, or after admission for emergency admissions (by exception only)
- For any new admissions, instigate a 14-day isolation period. If unable to meet this requirement discuss this with the LA assessment team
- **COVID-19 positive test to a COVID-19 positive home** – care homes must confirm with the LA that they are able to admit and accommodate these individuals through effective isolation/cohorting

Immedicare Responsibilities

- Provide 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)

2.2 Transferring from one care home to another

BDCFT Community Nursing Team Responsibilities

- For all individuals **known or not known** to community nursing teams, who are symptomatic or asymptomatic, the COVID-19 Home Visiting Team (C19HVT) will carry out the test. A test referral will be made from LACovidtestresults@bradford.gov.uk AIA to the C19HVT
- The COVID-19 Home Visiting Team will transfer the swabs to hospital for testing

BDCFT Infection Prevention Team Responsibilities

- Provide advice and guidance on IPC, PPE and isolation/cohorting
- Review test results recorded on ICE and advise the **LA Assessment Team on** LACovidtestresults@bradford.gov.uk who will inform the referrer and agree plan of care for admission / further isolation

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 **Safe and Sound 01274 434994** o 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.*

Immedicare Responsibilities

- Immedicare will provide 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)

3b. Pillar 2 Testing of residents post outbreak

Updated 7th June 2020: DHSC have expanded eligibility for this service to all remaining adult care homes that will now able to access whole care home testing for all residents and asymptomatic staff through the digital portal. This includes specialist adult care homes catering for adults with learning disabilities or mental health issues, physical disabilities, acquired brain injuries and other categories for younger adults under 65 years.

Care Home Responsibilities

- The Care Home manager **can access tests** for whole home swabbing via <https://www.gov.uk/apply-coronavirus-test-care-home>. The portal enables individual care home managers to register to receive testing kits. This process verifies care home contact details and ensures the right number of kits is provided. The care homes' details will be cross checked against the Care Quality Commission database.
- **Delivery to the home.** Once the order is processed, test kits will be delivered by Royal Mail special delivery (this means that it has to be signed for). Care homes will receive confirmation of their delivery date in advance.
- 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)
- Testing within each home should typically be conducted over the space of three days. Before starting to test care homes managers should book a courier to collect their tests here www.carehomecollect.co.uk at least 24hours before you begin testing.
- Care homes should only carry out testing on days that they know they have a courier booked, as tests need to reach our labs with 48hours of the swab being taken in order for the testing to be processed.
- **Obtaining consent** care homes should obtain consent to conduct the test from the resident, family members or GP in line with usual policies and procedures and the specific circumstances of each resident. Some residents, for example some people with dementia, learning disabilities or mental health conditions, may lack the relevant mental capacity to make a decision about their own testing. You should consider if the 3 principles of the Mental Capacity Act 2005 allow you to make a 'best interests decision' to swab and receive results, on their behalf. As far as possible, residents should be offered the choice to either self-administer the test on themselves or to have the test administered by a suitable member of staff.
- **Administration of tests for residents** - Everyone who will be involved in administering tests should watch this instruction video. [How to perform a swab test for care homes](#).
- **Registered managers should ensure that tests are conducted with the correct PPE.**
- Care homes are asked to follow Public Health England [Current guidance - how to work safely in care homes](#) and this video on putting on and removing PPE. <https://www.youtube.com/watch?v=ozY50PPmsvE&feature=youtu.be>

- **Recording swab samples.** Each swab test must be registered online on the same day the test is completed. In most cases, registration will be undertaken by the registered care home manager on behalf of their residents.
- **Results.** Test results will be emailed to the registered manager within 72 hours of the test arriving at the laboratory. All test results for residents should then be notified to the resident and their family (where appropriate).
- Care home managers should pass on the positive test results of residents by name to the GP practice, using confidential routes such as nhs.net, so they can enter the information into the primary care clinical system.

Access to the testing matrix for adult social care is available at:

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

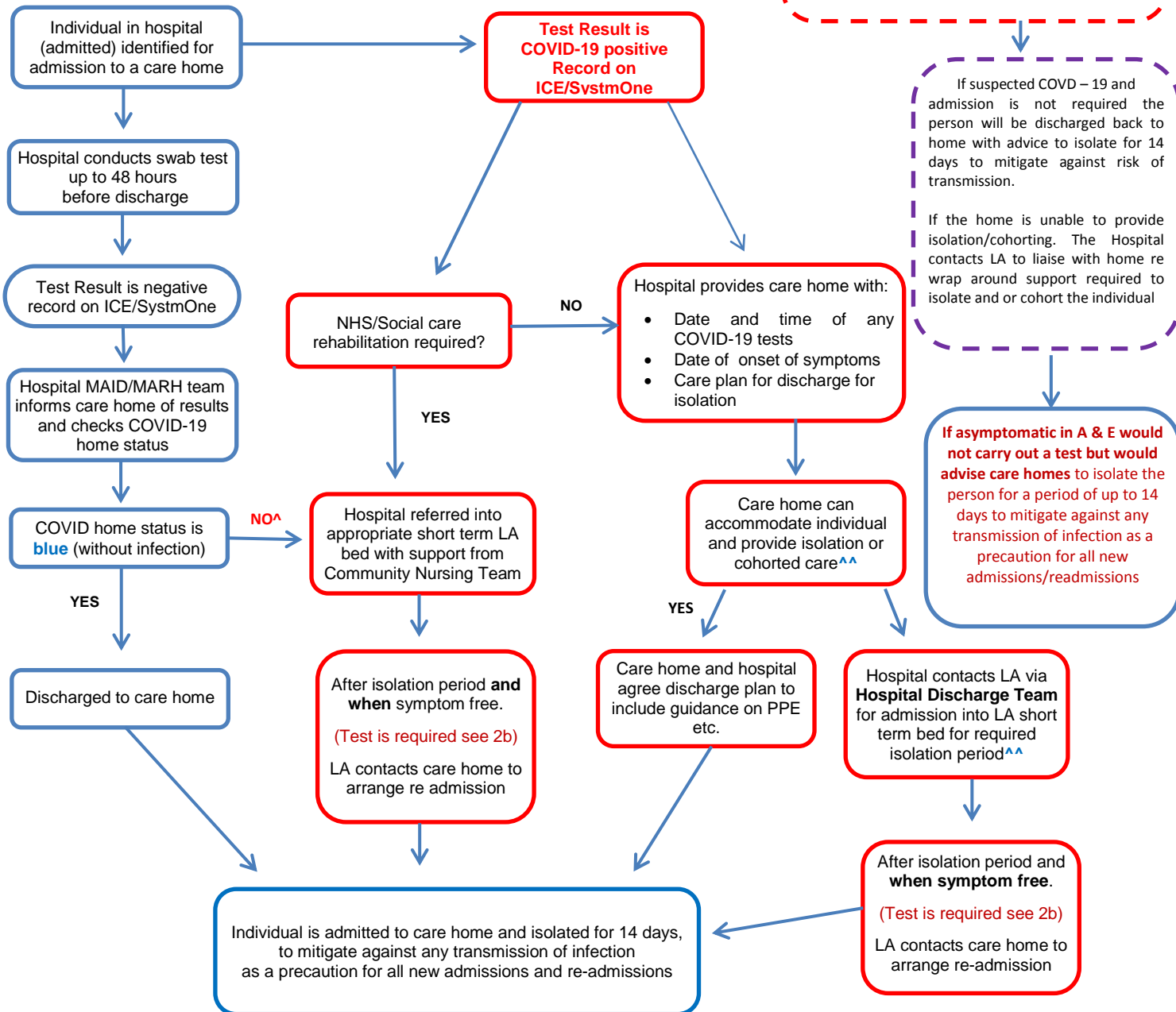
Local Authority Responsibilities

- 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)

- Public Health England (PHE) Health Protection Teams (HPTs) will continue to be the first point of contact, when the care home suspects for the first time, that a resident has symptoms. The care home manager should contact their local PHE HPT which will arrange for the testing of all symptomatic residents only at this point, and will provide locally tailored infection control advice.
- For all subsequent testing needed beyond the initial outbreak, the care home manager needs to inform the local Director of Public Health and apply for further tests for all remaining residents and staff, through the National Testing Service portal <https://www.gov.uk/coronavirus>
- The test results will also be fed back to PHE to inform any follow up actions required, and to build up understanding of the prevalence of the virus in care homes across England.

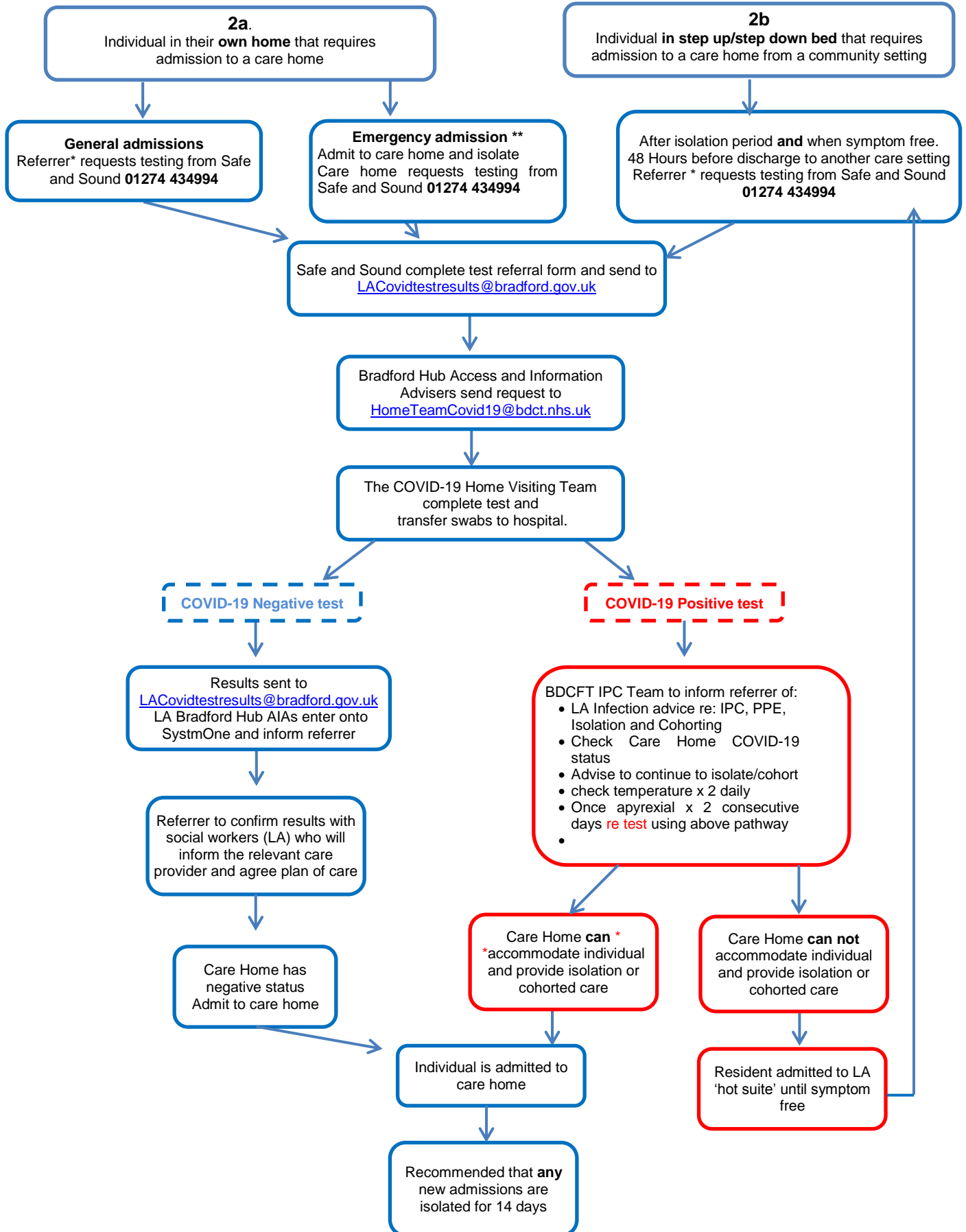
1. Discharge from hospital to a care home



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

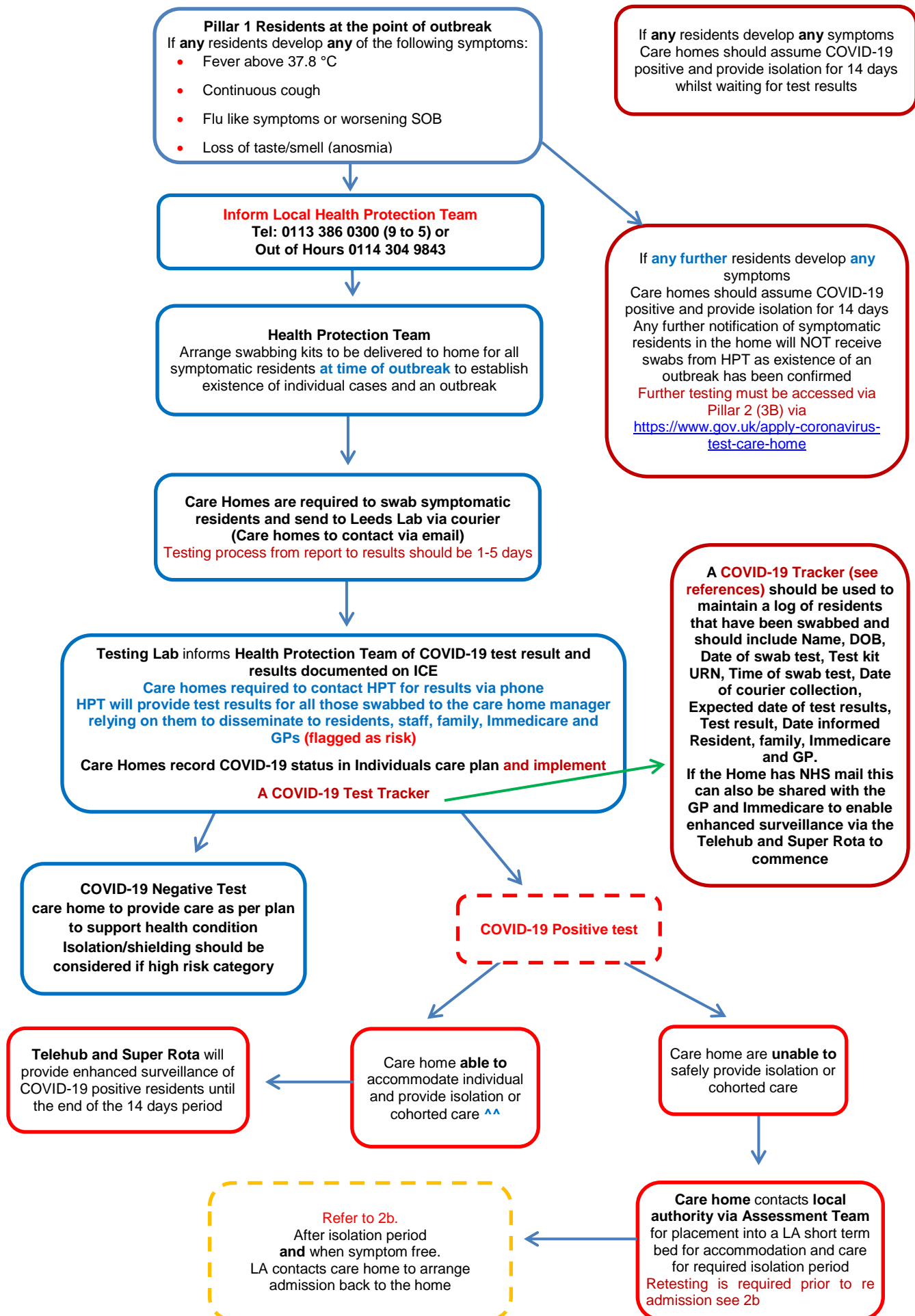
2. Admission from community OR transferring from one care home to another



* Referrer may be care home / social care staff, community nursing and therapy staff in care settings

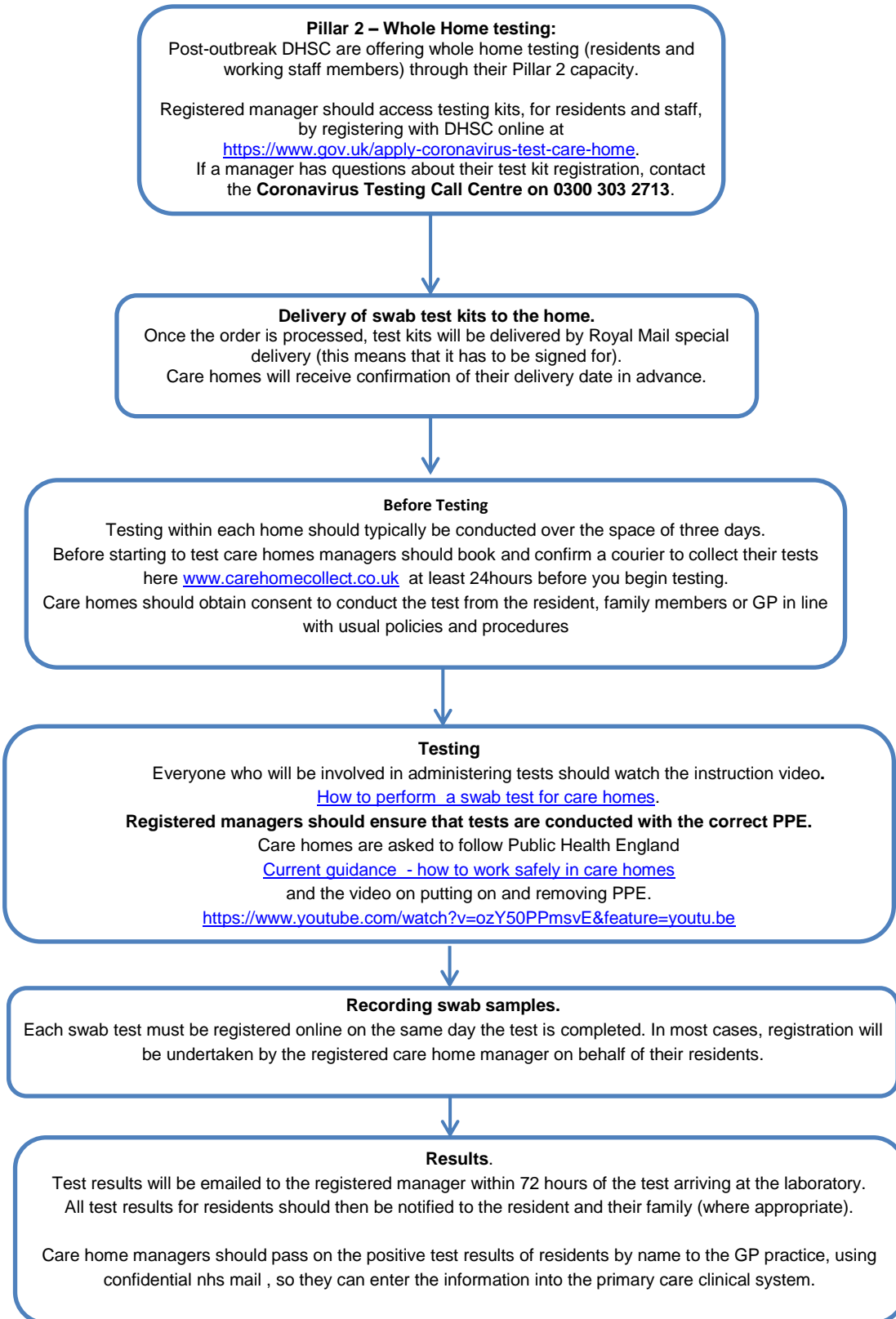
** Any emergency admission (by exception) to a home without prior testing would need to be treated as COVID positive and the home would need to confirm that they would be able to provide effective isolation. (Updated and amended BMDC July 2020)

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.

Updated 7th June 2020: DHSC have expanded eligibility for this service to all remaining adult care homes that will now be able to access whole care home testing for all residents and asymptomatic staff through the digital portal. This includes specialist adult care homes catering for adults with learning disabilities or mental health issues, physical disabilities, acquired brain injuries and other categories for younger adults under 65 years.



Version 3: This Guidance is correct as of 09/06/2020

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
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Department of Health and Social Care, (2020); *Action plan for social care*
Available online at: <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care>

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*
Available online at;
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>

European Centre for Disease Prevention and Control, (2020); *Covid-19 rapid risk assessment coronavirus disease ninth edition*
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>

Version Control

Version	Date	Editor	Summary of changes
Version 3	9/6/2020	Bev Gallagher	<p>1b attendance at A & E added pages 3 and 9 - Support the principle of keep infection free homes infection free.</p> <ul style="list-style-type: none"> • Hospitals will admit patients that need to be admitted on clinical grounds only. • Any patients that have suspected COVID – 19 will be tested. However people will only be admitted if there is a clinical need • If suspected COVID – 19 and admission is not required the person will be discharged back to home with advice to isolate for 14 days to mitigate against risk of transmission. • If the home is infection free and the home is unable to provide isolation/cohorting Hospital refers to LA who will liaise with the home re wrap around support requirements. • If asymptomatic in A & E would not generally carry out a test but would advise care homes to isolate the person for a period of up to 14 days to mitigate against any transmission of infection as a precaution for all new admissions/readmissions <p>Pillar 2 testing: Updated 7th June 2020: pages 7 and 12 DHSC have expanded eligibility for this service to all remaining adult care homes that will now able to access whole care home testing for all residents and asymptomatic staff through the digital portal. This includes specialist adult care homes catering for adults with learning disabilities or mental health issues, physical disabilities, acquired brain injuries and other categories for younger adults under 65 years.</p> <p>Care Home Responsibilities</p> <p>The Care Home manager can access tests for whole home swabbing via https://www.gov.uk/apply-coronavirus-test-care-home</p>
Version 4	20/7/2020		<p>Amendments to the admissions from community pathway by BMDC to include emergency admission and to test after admission. Responsibility for ongoing oversight of the pathway from July 2020 has been transferred to BMDC.</p>