

FAQ for ADULT SOCIAL CARE during sustained community transmission of COVID-19 (Care Homes, Community Care and Residential Settings)

This guidance applies to:

1. **adult care homes**
2. **supported living settings for older people**
3. **supported living settings for people with learning disabilities**
4. **other supported accommodation settings – following risk assessment with Public Health**
5. **adult home care services including reablement services and direct payments carers.**

The PPE guidance detailed in question 5 is an enhanced protocol put in place by Public Health when COVID-19 is circulating at particularly high levels in the community. This protocol sits on top of the baseline local PPE recommendations outlined in local PPE guidance (these are available from Public Health (CIPHAdmin@islington.gov.uk or on [Izzi](#)). This enhanced protocol will be in place for as long as Public Health England have declared that the UK is in a state of “sustained community transmission”. Managers will be contacted to inform them of any changes to guidance.

This local guidance does not replace national guidance. Local guidance has been produced to facilitate the interpretation and application of national guidance to specific local services and situations, taking full account of national guidance and evidence.

This guidance is correct as of 23/06/2020. This is an evolving situation so always review the official website for the most up-to-date information.

GUIDANCE FOR CARE SETTINGS

The government has published a collection of [adult social guidance for Covid-19](#). This includes:

1. [How to work safely in Care Homes](#)
2. [How to work safely in Domiciliary Care](#)

The government has also published [guidance on infection prevention and control for COVID-19](#). This guidance covers:

1. Recommended PPE for community care
2. Best practice for hand wash, hand rub and management of blood and body fluid spillages
3. Information on how COVID-19 is transmitted

INDEX OF FREQUENTLY ASKED QUESTIONS

SECTION 1: Managing residents and service users with symptoms

1. What should a member of staff do if a resident or someone being cared for has symptoms of coronavirus?

SECTION 2: Isolation of residents and service users with symptoms

2. What is self-isolation and how long should someone isolate for if they have symptoms of Covid-19?

SECTION 3: Admissions: Caring for someone after discharge from hospital or admitted from the community

3. How should care be provided for someone who has tested positive for COVID-19 in hospital and is then transferred into a care home or home care setting?
4. What care should be provided for someone who is discharged from hospital but has tested negative for Covid-19 before they were discharged?
5. What care should be provided for someone who develops symptoms of COVID-19 after discharge from hospital, e.g. after admission for another reason?
6. What actions should be taken in admitting someone from the community?

SECTION 4 PPE:

PPE – when to use

7. Should care staff wear face masks or personal protective equipment to stop the spread of coronavirus?
8. What to do if clients are distressed seeing staff in PPE

PPE – sessional use of PPE

9. When should I change items of PPE?

PPE – where to get it

10. Where can I obtain PPE supplies for my care setting?

SECTION 5: visitors to residential care

11. Should I prevent visitors from entering the residential setting?

SECTION 6: Who to inform if a resident has symptoms

12. Who do I need to inform if a resident/s have symptoms of COVID-19?

SECTION 7: Staffing issues in care settings

13. My residential setting is short-staffed. How can I maintain services?
14. What should I do if a staff member has been identified as a close contact of someone with Covid-19 under NHS Test & Trace?

SECTION 8: Protecting vulnerable groups

15. Who is at higher risk from Covid-19 and how can they be protected?
16. Should members of staff aged 70 or over, with indicated health conditions, or pregnant, not come into work?

SECTION 9: Testing

17. What kinds of tests are available? What can these tests tell us?
18. Who is eligible for testing?
19. How can a care home or residential setting access testing?
20. How are tests done?

21. What if residents don't or can't consent to the test?
22. What to do once test results are received
23. Who should I contact if I have questions about testing?

SECTION 10: Where do I go for further guidance or help?

24. I have a query about Coronavirus relating to social or community care and residential settings but have not been able to answer my question using the guidance above.
25. I have had a media enquiry about coronavirus related to a social or community care or residential setting.

MANAGING RESIDENTS AND SERVICE USERS WITH SYMPTOMS

1. What should a member of staff do if a resident or someone being cared for has symptoms of coronavirus?

A resident or service user with symptoms of Covid-19 can be safely cared for by following basic infection control steps. These include:

- Isolating someone with symptoms of coronavirus (see section 2)
- Requesting a test for coronavirus (see section 9)
- Minimising the risk of transmission through safe working procedures, including using Personal Protective Equipment (PPE) (see section 4)
- Cleaning and decontamination – cleaning products such as detergents followed by bleach are very effective at removing the virus from surfaces. Frequently touched surfaces (such as door handles, rails) should be cleaned regularly. Guidance on cleaning of reusable equipment can be found [here](#).
- Waste disposal - Personal waste (e.g. tissues, continence pads) and disposable cloths should either be disposed of safely in clinical waste bags (e.g. in care home setting) or in a disposable rubbish bag, double bagged, tied securely and stored for 72 hours separate from other waste before being disposed of with the usual household waste as normal.
- Laundry – Do not shake dirty laundry before washing as this can disperse the virus through the air. Wash items in accordance with manufacturer's instructions. In home settings dirty laundry can be washed with other people's laundry. If washing in a public laundromat delay washing until 72 hours after the isolation period has ended. Items heavily soiled with body fluids or which cannot be washed, should be disposed of, with the owner's consent.

ISOLATION OF RESIDENTS AND SERVICE USERS WITH SYMPTOMS

2. What is self-isolation and how long should someone isolate for if they have symptoms of Covid-19?

*NB this section relates to people who have been continuously resident in a setting. For information about isolation for those who have been **discharged from hospital**, please see Section 3 (Caring for someone after discharge from hospital)*

Care homes - In care home setting, someone with symptoms of Covid-19 should isolate until 14 days after the onset of their symptoms. This means the person should be in a self-contained room of their own and should not leave the room or use any communal areas for the duration of the isolation period. A 14 day period of isolation is recommended for care home residents because they are a particularly vulnerable group and their immune response to the virus may differ from younger, healthier individuals.

Home care settings – A person in their own home who is isolating because of Covid-19 symptoms should isolate for 7 days from the onset of their symptoms, or, if tested, from the date of their first positive test. This means staying in their home for the duration of the isolation period.

If this person lives with others and is the first in the household to have symptoms of Covid-19, the rest of the household will also need to isolate, following advice set out in national guidance [here](#).

Supported living– A person living in a supported living setting should isolate for 7 days from the onset of their symptoms. In certain situations, a longer self-isolation period may be advised by Public Health England for residents with particular vulnerability to Covid-19.

If a person living in supported housing develops symptoms and lives with another person, that person should isolate too, following advice set out in national guidance [here](#).

The unique nature of the supported living will also be considered, accommodation may range from individual self-contained properties that can be treated as separate households, through to shared environments with communal areas where the principles of household isolation may apply. Where there are communal areas, e.g. shared kitchens or living rooms, the person isolating should not use these while they are isolating. Ideally they should have an en-suite or dedicated bathroom close to their room that only they can use. The person should be supported in staying in their room throughout the isolation period – e.g. bringing meals to the person's room. For more information related to supported housing during COVID-19, see the local guidance [here](#).

ADMISSIONS: CARING FOR SOMEONE AFTER DISCHARGE FROM HOSPITAL OR ADMITTED TO A RESIDENTIAL SETTING FROM THE COMMUNITY

3. Should someone isolate after discharge from hospital?

Following a hospital stay, it is likely that an individual will need to isolate. The length of this isolation will depend on the setting they are discharged into; whether they had tested positive for COVID-19 and whether they have shown any symptoms of COVID-19 (they were symptomatic). Self-isolation for patients who never had COVID-19 is required on discharge to residential settings because of their exposure to COVID-19 while in hospital. Self-isolation for patients who did have COVID-19 while an inpatient (i.e. have ever tested positive) is required for the remainder of their infectious period. The self-isolation required is outlined in the table below.

If residents still have a fever at the end of their self-isolation period, they should continue to self-isolate until their fever has resolved for 48 hours consecutively (without medication to reduce their fever).

A COVID-19 PCR test will be done prior to discharge but the person can be safely discharged and managed in a care setting by following the steps below. If a test result is still awaited when the person is discharged, they should be isolated in the same way as someone who has tested positive for Covid-19 but has not completed their isolation period, until the result is confirmed.

Destination	Patient group	Isolation
Care home	Never had COVID (test negative)	Isolate for 14 days from discharge. If symptoms develop, isolate for 14 days from onset of symptoms
	COVID test positive but not ever had symptoms (asymptomatic)	Isolate for 14 days from first positive test result. However if they then go onto to develop symptoms, isolate for a further 14 days from onset of symptoms

Destination	Patient group	Isolation
	COVID positive patient symptomatic or has ever been symptomatic	Isolate for 14 days from first positive test result (as long as no fever for 48 hours).
Domiciliary care / supported living	Never had COVID (test negative)	Isolate for 14 days from the date of test. If they then go on to develop symptoms they should isolate for a further 14 days, from the onset of symptoms.
	COVID positive patient symptomatic or has ever been symptomatic	Isolate for 14 days from first positive test result – as long as no fever for 48 hours
Those living in own homes with no care packages	COVID-19 hospitalised patients	<p>Discharged patients should follow the Stay at Home guidance for households with COVID-19 patients:</p> <ul style="list-style-type: none"> if they required critical care or they are severely immunocompromised, self-isolation for 14 days from their first positive test patients who did not require critical care and are not immunosuppressed self-isolation for 7 days from their first positive test <p>For all discharged patients, self-isolation at home should continue as above, and if they are still febrile, self-isolation should continue until their fever has resolved for 48 hours consecutively without medication to reduce their fever (unless otherwise instructed by their acute care provider – for example, another reason for persistent fever exists).</p>
	Never had COVID (test negative)	No need to self-isolate. Remain vigilant for symptoms.
	Household contacts of the person with COVID who has been discharged	Complete a 14 day isolation period. If this did not start from when the individual was admitted (i.e. showing signs/symptoms before admission relating to COVID) then the 14 days for the household contacts should begin on the day of discharge. The exception to this is if the patient has completed their isolation period whilst in hospital and is no longer deemed infectious.

4. What care should be provided for someone who develops symptoms of COVID-19 after discharge from hospital, e.g. after admission for another reason?

Someone with new symptoms of COVID-19 should be isolated, PPE should be used and infection control processes followed. Follow the guidance provided in question 2 as you would do if a resident or someone being cared for developed new symptoms of coronavirus. See question 9 for who to contact.

5. What actions should be taken when new residents are admitted to a residential settings from the community?

People being admitted from the community should be Isolated for 14 days from entry to the care home/supported living accommodation. This should be followed regardless of Covid-19 status (e.g this should be followed even where there is a negative test prior to admission).




PERSONAL PROTECTIVE EQUIPMENT (PPE) – WHEN TO USE


6. Should care staff wear face masks or personal protective equipment to stop the spread of coronavirus?

The PPE guidance detailed below is an enhanced protocol put in place by Public Health when COVID-19 is circulating at particularly high levels in the community. This protocol sits on top of the baseline local PPE recommendations outlined in local PPE guidance, available [HERE](#). This enhanced protocol will be in place for as long as Public Health England have declared that the UK is in a state of “sustained community transmission”. Managers will be contacted to inform them of any changes to guidance.

National PPE guidance on can be accessed [here](#). Local guidance on PPE summarises this information and can be access [here](#).

During the period of sustained community transmission, PPE should be used by all staff coming within 2 metres of any resident/service user, regardless of whether that resident/service has symptoms of COVID-19. Different PPE will be required depending on the activity being undertaken, please see table below.

	Personal care and direct contact e.g any activity in which you are touching clients or <u>OR</u> being within 2m of a client who is coughing	Activities which bring you within 2 metres of clients e.g medication rounds or delivering meals	Working in communal areas where you might be within 2m e.g. in dining rooms, lounges	Working with clients who are shielding e.g going into someone’s home or room who is in the extremely vulnerable shielding group
	✓	X	X	✓
	✓	X	X	✓
 Which type of mask?	✓ Fluid resistant surgical mask (FFP3 masks should be worn if delivering AGP and must be fit-tested before use)	✓ Standard surgical mask <u>OR</u> Fluid-resistant Surgical Mask (if risk of <u>prolonged contact</u> with a resident who is coughing)		

	Risk assess for risk of contamination with splashes, droplets or blood or body fluids	X	X

The guidance sets out that masks and eye protection are now subject to 'sessional use' whereas gloves and aprons remain single use items. For more information on when you should change items of PPE, please see question 7 below.

Safe working practices are needed when using PPE. This includes:

1. ensuring staff know what PPE they should wear for each setting and context. Guidance on how to work safely in care homes (which can be accessed [here](#)) and Guidance on how to work safely in domiciliary care in England (accessed [here](#)) sets out the recommended PPE use for any setting.
1. following good hygiene practices including washing hands with soap and water for 20 seconds and washing up to exposed forearms after removing any element of PPE
2. ensuring staff are properly trained in putting on, wearing and taking off PPE (posters and videos for donning and doffing PPE can be found [here](#))
3. carrying out risk assessments for the use of eye protection
4. storing used personal protective equipment securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room for at least 72 hours before being put in the usual household waste bin for disposal.

7. What to do if clients are distressed seeing staff in PPE

Some clients may find it difficult to interact with staff wearing PPE. For example, clients with limited language capacity or impaired hearing depend on reading carers' facial expressions for communication. Face masks make this harder and so they can cause distress which can result in behaviour that may cause harm to the person themselves or others.

PPE guidance for [home care](#) and [care home](#) staff includes tips in section 3 on how to make PPE seem less frightening. It is important that in doing this you do not alter the PPE items in any way as this could reduce their effectiveness in protecting you or the people you are providing care for.

PERSONAL PROTECTIVE EQUIPMENT (PPE) – SESSIONAL USE OF PPE

8. When should I change items of PPE?

Sessional use for masks and eye protection

[National PPE guidance](#) sets out that masks and eye protection are now subject to ‘sessional use’ whereas gloves and aprons remain single use items. What this means in practice is set out below:

- Gloves – always use a new pair for each client.
- Apron – always use a new apron for each client.
- Masks – can be worn continuously until you take a break from duties (e.g. to drink, eat, for your break time or end of shift). **You must change it sooner if it becomes damaged, soiled, uncomfortable, damp or difficult to breathe through.**
- Eye protection – can be worn continuously until you take a break from your duties (e.g. to drink, eat, for your break time or end of shift). **You must change it sooner if it becomes damaged, soiled, uncomfortable.**

DOs and DON'Ts for using PPE

DO:

- ✓ Organise your breaks to minimise removal and replacement of PPE.
- ✓ Ensure ALL PPE is removed when you take your break.
- ✓ Make sure you eat and drink enough; wearing PPE can get hot.
- ✓ Practice good hand hygiene. If masks are touched or adjusted, hand hygiene should be performed immediately.
- ✓ Always use new PPE (including mask and eye protection if needed) before seeing any clients who are shielding or where anyone in their household is shielding.

DON'T:

- X Don't remove PPE and then put it back on (e.g. for a coffee break, toilet break, drinking water, smoking a cigarette).
- X Don't hang your mask on your neck or on your head. If the mask is removed from your mouth it must be disposed of and replaced.
- X Don't touch your face especially if wearing gloves.
- X Don't wear facemasks or goggles between clients homes unless it is safe to do so, for example, there is not chance you will need to use your phone

PERSONAL PROTECTIVE EQUIPMENT (PPE) – WHERE TO GET IT

9. Where can I obtain PPE supplies for my care setting?

- Try usual suppliers first
- Then any mutual aid opportunities
- Contact adult social care PPE team at Islington where you have been unable to source PPE. Please complete this short online request [form](#). We will do our best to get PPE out to you where we can. We can only supply up to a maximum of 7 days of equipment, we cannot guarantee stock and not all items are available. Please bear in mind that turnaround time from receiving your request is usually within 48 hours.

Please also continue to fill out and complete the daily returns forms that let us know the Covid-19 status within your service, your current PPE stock levels and how long your stock will last. This data is really important because it is being used to inform the supply and demand modelling.

REDUCING NON-ESSENTIAL VISITS TO CARE HOMES

10. Should I prevent visitors from entering the residential setting?

Please see local guidance is available on [visits in care homes and supported living](#).

Contractors on site should be kept to a minimum.

If your care setting is closed due to an outbreak of infectious disease (including coronavirus, influenza and norovirus) you should discourage or reduce visitors to essential visits only, e.g. for compassionate reasons.

WHO TO INFORM IF A RESIDENT HAS SYMPTOMS

11. Who do I need to inform if a resident/s have symptoms of COVID-19?

Action to take for any suspected or confirmed cases of COVID-19 in your residential setting:

If a resident has symptoms of COVID-19 and needs medical assessment call NHS 111 and/or your linked GP practice. If you are calling your GP practice make sure they know that the resident has symptoms of COVID-19 so they can use appropriate PPE. Additional steps on who to inform are outlined below.

1. **Keep the council informed:** email the **council officer responsible for your service** (contracts@islington.gov.uk) AND the **local public health team** (CIPHAdmin@islington.gov.uk) with details of the situation. It is important that the council is aware of all suspected cases of COVID-19 in **care and residential settings** so that we can support settings to apply the latest guidance locally.

National guidance was updated on 07/05/2020 to state an outbreak is defined as one or more residents in the care home diagnosed with symptoms compatible with COVID-19. In all other settings an outbreak is considered to be 2 or more suspected cases of COVID-19:

Actions to take if:

1. **Your care home has 1 or more cases of suspected or confirmed COVID-19**
- ~~2.~~ **You are in supported accommodation and there are 2 or more suspected or confirmed cases of COVID-19**
 - **Inform the PHE London Coronavirus Response Cell (LCRC):** The LCRC will log the situation and give you a reference number. If anyone else in your setting develops symptoms, this reference number will help PHE quickly identify any linked cases from its records. The LCRC will advise on any further steps that may be required.

London Coronavirus Response Cell (LCRC): 0300 303 0450

- **Also, update the council:** email the **council officer responsible for your service** (contracts@islington.gov.uk) AND the **local public health team** (CIPHAdmin@islington.gov.uk) with details of the situation, and confirming that LCRC has been contacted. If LCRC has already been able to respond to your call, then please let us know of any advice received. However, if you have not yet had a response, please do not wait on informing us of the situation.

STAFFING ISSUES IN CARE SETTINGS

12. My residential setting is short-staffed. How can I maintain services?

Stay in touch with your local authority, who will be co-ordinating plans for mutual aid. This might include the sharing of workforce across providers. More detail is provided in the [guidance for social care settings](#).

Government support has been made available for those affected by COVID-19. The [guidance](#) covers sick pay and information for businesses.

13. What should I do if a staff member has been identified as a close contact of someone with Covid-19 under NHS Test & Trace?

Anyone who is requested to self-isolate via the NHS Test and Trace service must follow the guidance they are given. Further information on NHS Test and Trace for Adult Social Care Providers is available on the main guidance page on the website.

PROTECTING VULNERABLE GROUPS

14. Who is at higher risk from Covid-19 and how can they be protected?

Extremely vulnerable groups

People who are in groups at very high risk of severe illness from coronavirus (COVID-19), including complications and hospitalisation, are advised to rigorously follow [shielding measures](#). People who fall into this group are listed below. Some care home residents and some members of staff will fall into this group.

- Solid organ transplant recipients.
- People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.

- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.

The NHS directly contacted individuals who are deemed to be at very high risk during the week of 23 March, asking all people with these conditions not to leave their homes, and avoid any face-to-face contact for a period of at least 12 weeks. Individuals who were not contacted by the NHS or their GP but feel that they do fall into one of the categories above should discuss their concerns with their GP or hospital clinician.

‘At risk’ groups

Those who are in groups at increased risk of severe illness from coronavirus (COVID-19), are advised to be particularly stringent in following [social distancing measures](#). In particular, but not only, they are **strongly** advised to: reduce social contacts; work at home; vary their daily commute and reduce use of public transport, if they must travel for work. Many care home residents will fall into this group and some care home staff may also be in at risk group if they have one of the conditions listed below.

The group at increased risk includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone advised to get a flu jab as an adult each year on medical grounds):
 - chronic (long-term) respiratory diseases, such as asthma (that requires an inhaled or tablet steroid treatment, or has led to hospital admission in the past), chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
 - diabetes
 - problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
 - a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
 - being seriously overweight (a body mass index (BMI) of 40 or above) – the NHS provides an online [BMI calculator](#)
- those who are pregnant (see below for further guidance)

Pregnant women

The government has published [guidance](#) advising pregnant staff to be particularly stringent in following social distancing measures. These are steps taken to reduce social interaction between people, including (among others):

1. Working from home whenever possible
2. Significantly limiting your face-to-face interaction with friends and family
3. Avoiding large gatherings and gatherings in smaller public spaces
4. Avoiding contact with people who are displaying coronavirus symptoms

The Royal College of Obstetricians & Gynaecologists has published [advice](#) and [FAQs](#) on COVID-19 and pregnancy. It includes information on:

- Queries about your pregnancy during self-isolation
- Breastfeeding if you have suspected or confirmed coronavirus

Women who are less than 28 weeks pregnant, and who do not have an underlying health condition – such as heart or lung disease – should follow the social distancing guidance and other protective advice to minimise the risk of infection. Staff can continue to work in an office or public-facing role, provided the necessary steps are taken regarding social distancing and other protective measures as described in the national guidance.

Women who are in their third trimester (more than 28 weeks pregnant), or have an underlying health condition – such as heart or lung disease - should work from home wherever possible, avoid contact with anyone with symptoms of coronavirus, and reduce all social contact. All opportunities should be taken so that, whenever possible, staff in this group can avoid duties which require providing close, direct care for service users.

15. Should members of staff aged 70 or over, with indicated health conditions, or pregnant, not come into work?

The national guidance encourages all staff to work from home if possible. The strong advice for staff that are aged 70 or over, with indicated health conditions (see above) or pregnant is to be particularly stringent in following social distancing measures.

Managers are advised to review working arrangements so that people in these groups avoid contact with others, in line with the [strong advice for these groups concerning social distancing](#).

TESTING

Testing in care homes is a rapidly evolving and very complex picture. The complexity comes from the rapidly increasing national testing capacity, changes to testing eligibility and multiple routes to access testing depending on whether you are a member of staff or a resident.

16. What kinds of tests are available? What can these tests tell us?

There are two main types of coronavirus test:

1. **PCR Swab test**
 1. Tests for the presence of the virus's RNA
 2. Usually done by swabbing the back of the nose / throat and then sending to a lab for analysis
 3. tells you if someone is currently infected with coronavirus, and therefore also potentially infectious to others
2. **Antibody test**
 1. Tests for the presence of antibodies against coronavirus
 2. Usually done by taking blood and then sending to a lab for analysis
 3. Tells you if you have previously been infected with coronavirus (these tests do not work until at least 2 weeks after symptoms began)

At present the main type of testing be offered is **PCR Swab tests**, so it is these which will be provided if patients / staff are symptomatic, or if there is an outbreak in your setting. These will enable you to identify residents and / or staff who could pass the infection on to others in your setting, and ensure they are suitably isolated from others to prevent this.

On the 21/05/20 the government announced the start of a major new national antibody testing programme, with plans to provide antibody tests to NHS and care staff in England from the end of May. The government will be providing laboratory-based tests in the first phase of the antibody testing programme, to NHS and care staff. Clinicians will also be able to request the tests for patients in both hospital and social care settings if they think it's appropriate. These tests require blood samples to be taken by trained professionals which means they are not suitable to be used at home. Further information will be provided once the local pathway for antibody testing is operational.

A positive antibody test will tell you whether you've previously had the virus that causes COVID-19 and that your body has produced an immune response. There is no strong evidence yet to suggest that those who have been proven to have had the virus and to have produced antibodies are immune. If you receive a positive antibody result it does not mean that you're immune, or that you cannot pass on the virus to others. It also does not mean that you can ignore social distancing measures.

17. Who is eligible for testing?

Where there has been one or more confirmed case of coronavirus in a care home setting (or two or more in other residential settings), Public Health England (PHE) will offer testing to all **symptomatic** and **asymptomatic** residents and to **asymptomatic** staff on day one.

Anyone with any of the symptoms of coronavirus, can [ask for a test through the NHS website](#). If you're a social care worker or resident in a care home you can be tested whether you have symptoms or not. National guidance on testing for care home residents and workers is available [HERE](#).

If you're an essential worker, you can apply for priority testing through GOV.UK by following the guidance on [testing for essential workers](#). You can also get tested through this route if you have symptoms of coronavirus and live with an essential worker.

18. How can a care home or residential setting access testing?

As soon as a care home identifies one suspected coronavirus case (or two for other residential settings), they should inform the Public Health England (PHE) London Coronavirus Response Cell (LCRC) which will arrange for testing on that day.

Further testing of residents after day 1 of an outbreak – covering **all residents and asymptomatic staff** – is now arranged via the [national portal](#). The portal enables individual care home managers, or representatives within Local Authorities, to confirm the number of residents and staff within the home. This process verifies care home contact details and ensures the right number of kits are provided. The care homes' details will be cross checked against the Care Quality Commission database. Test results are expected to be shared with care homes and with local authorities.

Symptomatic staff who are self-isolating can access testing through the [self-referral portal](#).

There have been a number of recent developments and updates to testing of residents and staff. The below table sets out the different options for accessing tests. This is still a rapidly developing picture, and the latest updates to National Testing Offer can be found [here](#), and North Central London offer, [here](#).

Setting	Testing via	Eligibility	How to access this
Testing for residents			
Care Homes for people over 65 or with dementia	London Coronavirus Response Cell (LCRC)	On day 1 of an outbreak where there are one or more suspected cases among residents. Testing is available for all residents and staff who are at work.	Call 0300 303 0450 By secure email on phe.lcrc@nhs.net
	National Care Home Testing Portal	Testing for asymptomatic and symptomatic residents, and asymptomatic staff.	Apply at https://www.gov.uk/apply-coronavirus-test-care-home
Other care homes or supported living	London Coronavirus Response Cell (LCRC)	On day 1 of an outbreak where there are two or more suspected cases among residents.	By phone on 0300 303 0450 By secure email on phe.lcrc@nhs.net
	National testing self-referral scheme, available via drive in sites or home test kits. Note that not everyone who applies for a test will get one, as this will depend on capacity on the day.	Anyone with symptoms of coronavirus that started in the previous 5 days before the test. It is best that this is requested within the first 3 days of symptoms.	Self-refer https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus/ Or GP referral.
	North Central London (NCL)	Testing for asymptomatic residents can be arranged on a case by case basis	Service Managers should email Public Health on CIPHAdmin@islington.gov.uk who will make a request to NCL

Home Care	National testing self-referral scheme, available via drive in sites or home test kits. Note that not everyone who applies for a test will get one, as this will depend on capacity on the day.	Anyone with symptoms of coronavirus that started in the previous 5 days before the test. It is best that this is requested within the first 3 days of symptoms.	Self-refer https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus/ Or GP referral.
Testing for staff			
All adult social care settings and services	National essential workers testing portal. This includes drive-in sites or request for a home testing kit.	Adult Social Care Staff (including domiciliary care workers) who: Has symptoms of Covid-19 which started in the last 3 days OR Has a household member who has symptoms which started in the last 3 days.	https://www.gov.uk/apply-coronavirus-test-essential-workers
	North Central London testing for social care frontline staff. This includes walk in sites across Barnet, Camden, Enfield, Islington or Haringey.	Adult Social Care Staff (including domiciliary care workers) who: Has symptoms of Covid-19 which started in the previous 3 days before swab is taken OR Has a household member who has symptoms which started in the previous 3 days before swab is taken	http://www.northcentrallondonccg.nhs.uk/covid-19-frontline-staff-testing/

19. How are tests done?

Information about how tests for residents and staff in care homes will be done, including guidance and instructional videos on how to take a swab, can be found [here](#).

Please note that PPE should be worn whilst swabbing residents. Care homes are asked to follow the [current guidance](#) from Public Health England on how to work safely in care homes and this video on [putting on and removing PPE](#).

20. What if residents don't or can't consent to the test?

Consent should be gained before administering a test. If a resident does not give consent, then a test should not be taken. To obtain consent, residents should be supported to understand the purpose of

the test using communication and explanation which is appropriate to them. Where people appear to lack capacity to consent a mental capacity assessment should be completed and documented for this decision. If they are assessed as lacking capacity, a best interest decision needs to be made. The person who is administering the test should complete the capacity assessment and best interest decision.

Due to the invasive nature of the test, when making a best interest decision, you need to consult with a family member or friend who has an interest in the resident's care. Where there is nobody appropriate to consult, an IMCA should be involved with the best interest decision.

Whether or not the resident lacks capacity, the test should only be administered with their co-operation. It is important to think about why a test may be required, to support the clinical picture and confirm the need to self-isolate or to test for asymptomatic carriage. It is important to consider if the test will make a difference to decision making or actions. Regardless of COVID status, it is important to remember the importance of all infection prevention control precautions and correct use of PPE.

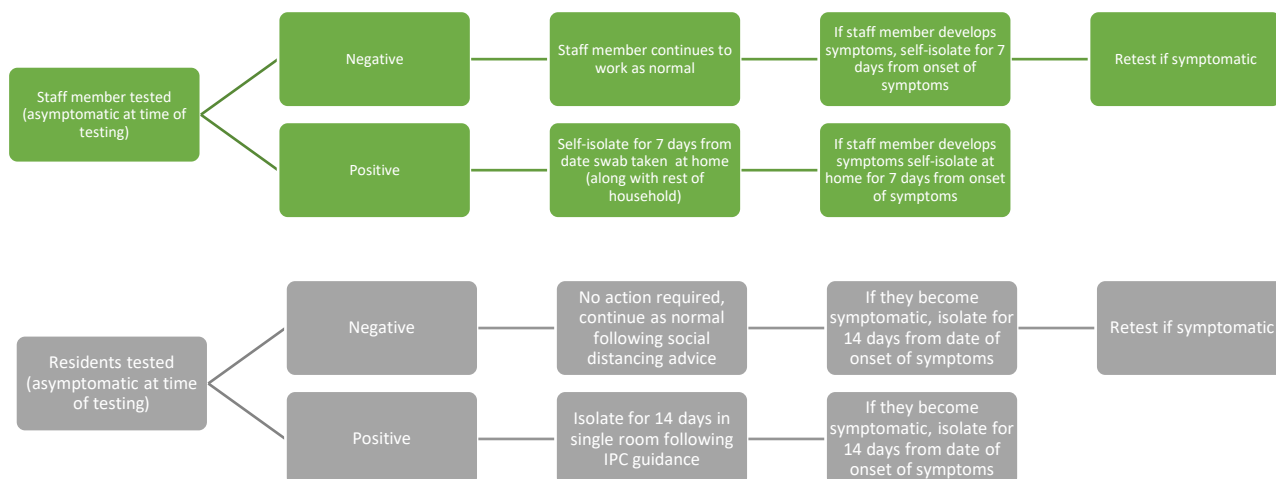
If service users do not consent to getting tested there are other things you can do to protect them and staff. Testing is only one of many important infection prevention control measures that are used and not essential if there are particularly challenges in gaining consent

In the situation where a test is not given because the person refuses (whether or not they have the capacity to consent) we would recommend that those individuals are monitored more closely and frequently for signs and symptoms of Covid-19 (cough, fever, hypoxemia, anosmia) and isolated immediately if any clinical suspicion of Covid-19.

For support on what to do if a service user refuses to be tested and you suspect COVID 19 or they refuse to self isolate following a positive test please see resources at the following link <https://www.islington.gov.uk/social-care-and-health/support-and-guidance-during-covid-19/useful-guidance-and-resources-covid-19/guidance-for-adult-social-care-and-supported-living-providers>

21. What to do once test results are received

The flow chart below sets out the correct action to take once test results are received:



22. Who should I contact if I have questions about testing?

For tests arranged through the national care testing portal: If you have questions about your test kit registration, you can contact the Coronavirus Testing Call Centre on 0300 303 2713. It is open from 07:00 to 23:00 every day.

For tests arranged through the NCL portal: please email Valeria Ilies (valeria.ilies@nhs.net).

If you need testing and find you are unable to access it through any of the routes above, please contact the public health team on CIPHadmin@islington.gov.uk

SECTION 10: Where do I go for further guidance or help?

23. I have a query about Coronavirus relating to social or community care and residential settings but have not been able to answer my question using the guidance above.

If your query cannot easily be answered using national guidance please email your enquiry to: contracts@islington.gov.uk.

24. I have had a media enquiry about coronavirus related to a social or community care or residential setting.

If you are an external provider (not part of the council) please contact your organisations communications contact. Please also notify the council communications team Media.Team@islington.gov.uk.

If you are an internal provider (part of the council) and have any media, press or communications enquiries about Coronavirus, please email the Council for guidance Media.Team@islington.gov.uk.