

Care Settings Admissions Policy Statement

6th January 2022 revised from (revised from 18th January 2021 version)

In light of the current wave of COVID 19 pandemic the Adult Social Care and Health Partnership has updated this care settings admission policy statement on behalf of Lancashire County Council, Blackburn with Darwen and Blackpool Councils (the Upper Tier Councils of Lancashire).

This document has been produced to support and enable, as far as possible, safe admissions to residential care homes for older people and to residential settings such as supported living accommodation for people with a learning disability and/or mental health need (in this document the collective term for all these types of settings will be referred to as 'care settings').

It is acknowledged that people who move into a supported living type of setting do so, in the main, from a community setting rather than directly from a hospital or emergency department. For the purposes of this paper 'admittance' to a care setting will cover people who move into a setting from the community as well people who are discharged into a setting from a hospital or following an assessment in an emergency department.

This statement has been developed in conjunction with the Lancashire Integrated Care System (ICS) and for clarity, Cumbria County Council have produced their own Admissions Protocol.

1. Introduction/Context

There are a number of guidance documents and plans (national and local) currently in circulation which have a bearing on care setting (mainly focussed on older people's care homes) discharge policies and practice in relation to the ongoing management of the Coronavirus COVID 19 pandemic.

In the interests of brevity this document does not repeat verbatim all relevant guidance. It has been produced with the intention of supporting providers to undertake safe admissions in to care settings as opposed to facilitating discharges from a hospital setting. It is kept under regular review by the Adult Social Care and Health Partnership.

There has been a significant increase in outbreaks in care homes but we are not seeing a relative increase in severe illness. Infection rates are high across the region and expected to increase over the coming weeks.

Care providers are requested to maintain their vigilance over the winter period and to continue to undertake regular testing of staff, residents, and any designated visitors. They are also reminded to obtain winter flu vaccinations and COVID-19 booster vaccine for their residents and staff. Our aim is to keep settings COVID 19 free and maintain the health and safety of residents and staff.

The UKHSA in partnership with the Association of Directors of Public Health North West have agreed that the 'standard variant outbreak management' of 14 days restrictions after the most recent confirmed case be recommended for the majority of care homes as standard across the region. This approach is built upon the understanding of the Omicron variant.

- All cases and outbreaks in care homes should be managed as per a standard variant management for Omicron VOC-21NOV-01 (B.1.1.529).
- Single care home Omicron cases should no longer trigger the temporary implementation of outbreak restrictions unless additional cases are identified through two rounds of whole home PCR testing.
- Restriction of activities (including for admissions and visiting) for care home with outbreaks will be limited to a period of 14 days if there are no new cases.

However, there may be exceptions based on local risk assessment that merit an Incident Management Team and extension of restrictions may be required. This advice also applies to local hospices. The risk assessment process must take account of and is subject to available resource/capacity within the local authority Infection Prevention Control Teams.

This Admissions Policy and the principles set out apply equally to admissions to care settings because of a hospital discharge from a ward or following an assessment in an Accident and Emergency (A&E) department.

2. Principles to Support Safe Admissions in to Care Settings

Managers of care settings are obviously primarily concerned about the health and wellbeing of residents, families, and staff, and in these very challenging times they have faced and are continuing to face some incredibly difficult situations.

We know from our close and regular contact with care setting managers and other staff that, despite the regular changes in guidance, care settings have been consistently applying the following best practice principles to maintain the safest care services as possible, which this statement endorses and supports

- All people being discharged from a hospital and being admitted to a care setting both existing and new residents should be tested 48 hours prior to the admittance, and the result should be relayed to the care setting prior to the admittance. This does not apply for people who are being discharged from hospital and who have tested PCR positive 14 days (or 10 days if clinically safe and appropriate) prior to the discharge. These people are deemed to have completed their 10/14 day isolation period whilst in the hospital and unless they are showing new Covid 19 symptoms do not require a further PCR test prior to discharge (and will not require another PCR test for 90 days after the first PCR positive test/onset of symptoms).
- Vaccination status should be shared with the care home from the assessment conducted by the hospital discharge team
- Unvaccinated patients should not be routinely placed into a setting with COVID. Those who are consistently refusing vaccination and have capacity will need risk assessment especially if they are going back to their usual care home of residence. This should be documented. Every opportunity should be taken to promote the vaccine.

Newly admitted residents to a care home who are transferring from an interim care facility or transferring from another care home will no longer need to self-isolate upon arrival if the below requirements are satisfied:

- the person admitted is fully vaccinated, wherever possible and if not vaccinated then vaccine should be offered if practicable
- local guidance from the director of public health about community transmission of variants of concern is followed
- the person admitted has no known contact with a COVID-positive person
- the care home has considered the circumstances at the care home or interim care facility from which they are transferring, prior to admission
- the person is subject to an enhanced testing regime consisting of a PCR test before admission (within 72 hours), a PCR test on the day of admission (day 0) and a further PCR test 7 days following admission (day 7). Additionally, we recommend daily rapid lateral flow testing until the day 7 PCR result has been received

Care home residents returning from hospital following an overnight stay for elective (planned) care will also not be asked to self-isolate provided the following criteria are satisfied and they should avoid contact with highly vulnerable residents:

- the person admitted is fully vaccinated, wherever possible
- local guidance from the director of public health about community transmission of variants of concern is followed
- the person admitted has no known contact with a COVID-positive person
- the person receives a negative PCR test result following their return to the care home

Care home residents discharged from hospital following an admission for emergency care should self-isolate, upon arrival, for 14 days, within their own room.

- Care settings that are willing and able to accept Covid 19 positive residents can do so if they are able to safely and appropriately cohort/isolate the person for the remainder of their 14 day isolation period. Where a care setting is unable/unwilling to accept a Covid 19 positive person then alternative arrangements will be put in place for the remainder of the person's 14 day isolation period, prior to the person then being able to be admitted to the care setting.
- In the minority of cases where a test result is not available at the point of discharge and alternative discharge accommodation is not available a resident can be admitted to a care setting if the care setting is willing and able to safely and appropriately isolate/'cohort' the resident until the negative result is provided or for 14 days (or the balance of) if the result is positive.
- In hospital several COVID-19 tests may be performed due to the hospital being involved with epidemiology surveillance. If a patient has repeated positive swabs the date of the first positive PCR test is taken as the start of isolation. Subsequent positive swabs are to be expected and will not extend the period of isolation required. The resident may need to be isolated for 14 days on admission to a care setting and be retested in the Whole Home Testing PCR testing 90 days following the last positive test (unless they become symptomatic).

- In hospital a patient may be a contact of COVID-19 positive patients but may not be positive themselves. Whilst in hospital every effort will be made to minimise risk and ensure separation of Covid 19 positive and Covid 19 negative people. On admission to care settings these residents should ideally be isolated for 14 days and be included in the next round of PCR Whole Home Testing.
- This isolation period should apply unless the person has already undergone isolation for a 14 day period in another setting, and even then, the care setting may wish to isolate new/readmitted residents for a further 14 days. However, this must be balanced within the context of overall health of wellbeing in relation to extended periods of isolation (see below for isolation procedures).
- Care settings which contain a mix of symptomatic and asymptomatic residents must ensure that symptomatic residents are isolated /'cohorted' away from asymptomatic residents.
- Any staff (including agency) who are working in a care setting must follow the latest guidance in relation to effective infection prevention measures.
- Any staff who need to self-isolate should do so immediately. They should not seek alternative employment during their isolation period. Care providers must continue to pay staff their full wages for their period of isolation and can choose to use the Infection Prevention Control grant monies for this purpose. This is important for maintaining staff income levels and removing their need to seek alternative work to substitute for lost wages, which in turn reduces the spread of infection. It will also encourage staff to take part in testing and not fear the wage related consequences of isolation.
- Staff and residents who have previously tested positive and completed isolation should not re-join asymptomatic PCR testing for 90 days from their initial symptom onset (or test date if asymptomatic) unless they develop new possible COVID-19 symptoms. If a repeat PCR test is positive within the 90 days the staff member does not need to be excluded from work unless they have had previous negative tests or if they are displaying symptoms, in which case they should isolate for 14 days.
- Where a Covid positive person is being discharged from a 'red' setting (Covid+ residents in situ) into a care setting (new or returning) and has already completed their 14 day isolation period then a further PCR Covid test is not required in order to enable the person to be admitted/readmitted to the care setting. The person does not need to be isolated/cohorted and does not need to be PCR retested for Covid for 90 days following the first PCR test unless they display symptoms. A PCR test can only detect presence of the virus not whether the person is infectious.
- To support the person's discharge from the 'red' setting into a care setting a Lateral Flow Test (LFT) should be used. This test will detect infection as opposed to a PCR test which can only test for presence of the virus. If the person tests negative using the LFT then the person can be admitted/readmitted into a care setting without the need for further isolation unless they then display further symptoms.
- This position has been agreed by the Lancashire DPHs via the Lancashire Clinical Oversight Group.

In the circumstances where a person has received a Covid positive test result and is being discharged from a hospital setting before their 14 day isolation period has expired the person may return to their care setting if the setting is willing to receive the returning resident and can ensure appropriate and effective isolation/cohorting and has all IPC and other appropriate arrangements in place. In these circumstances the person does not need to be admitted to a 'red' Setting to complete their isolation period prior to returning to their care setting. If the care setting is unable or unwilling to

receive a returning resident the person will be admitted to a 'red' Setting to complete their isolation period prior to returning to their care setting.

UKHSA give the following explanations for some positive PCR tests:

- In some individuals, there is a long tail of positivity lasting several weeks which may not be indicative of infectiousness.
- Cases that test positive more than 90 days after the initial positive PCR result should be managed as a new case.
- Cases that test positive after two successive negative tests should be managed as a new case.
- Regardless of prior test results, staff or residents who become symptomatic or whose symptoms worsen should self-isolate and be tested again.
- If a resident has already been PCR tested within 90 days of their onset of symptoms (or first positive test if asymptomatic), then a second positive PCR test within 90 days of symptom onset (or 1st positive test if asymptomatic) should not result in isolation, unless the positive test has been preceded by two or more negative tests.
- If a trusted assessment is not complete the care setting will need all information that is felt to be required/relevant prior to admittance.
- Care settings should take account of the latest national and local guidance in relation to maintaining safe visiting procedures for all staff and family members/friends.

These principles apply equally to any person who is being admitted to a care setting (current and new) as a result of a hospital discharge or following an assessment in an emergency department (see below for A&E testing procedures).

Some residential settings may feel able to be more flexible in relation to some of these principles in circumstances where they can accept discharged residents in a safe and proper manner, in particular

- Symptomatic, asymptomatic or recovering residents may be accepted by a care setting prior to the completion of 14 days isolation, with or without swab results, where isolation/'cohorting' can safely be achieved within the setting.
- Some limited incomplete information in a trusted assessment may be acceptable to permit discharge, however it is vital that discharge documentation is as complete and accurate as possible to ensure safe and effective ongoing care.

The above principles in the main reflect current guidance now, and they are intended to support and enable care settings in Lancashire to manage the health and wellbeing of their residents and staff in these extremely challenging times to the best of their ability.

It is acknowledged that the above principle in relation to care settings only accepting discharged residents following the confirmation of a negative test result is a way of working that many settings have adopted in an understandable effort to reduce the risk of COVID cases amongst their residents but is not strictly in line with current guidance. A number of settings have been able to accept residents who are still awaiting a test result but are deemed medically fit in order to assist the discharge process by applying effective isolation/'cohorting' methods. (As stated above, not all residents will require a test result prior to discharge if they have PCR tested Covid 19 positive 14 days prior to discharge and are therefore deemed to have completed their 14-day isolation period whilst in the hospital and are not showing new symptoms.

People with dementia, autism or a learning disability, and people experiencing serious mental ill health are likely to experience particular difficulties during the pandemic. This could include difficulty in understanding advice on social distancing, and increased anxiety. They may need additional support to recognise and respond to symptoms quickly, and in some cases may be at greater risk of developing serious illness from COVID.

Testing procedures within Emergency Departments

At the start of the pandemic, A&E departments established a 2 hour turn around testing procedure which was aimed at providing care settings with the confidence to safely readmit their residents following an A&E assessment i.e., the person was deemed medically fit to return home with no need for admittance to a hospital ward.

As the pandemic has progressed and A&E departments have come under additional pressures and are returning to more BAU the ability for some A&E departments to turn test results around within 2 hours is currently not always practicable.

In these circumstances the A&E department may undertake a test prior to the person leaving the department and will provide the readmitting care setting with the test result as soon as possible. The care setting can readmit their returning resident on the basis that the resident should be treated as COVID positive with all relevant IPC procedures observed i.e., isolation/cohorting and appropriate use of PPE until a test result is provided.

It is also possible that the A&E department may not be able to undertake any test whilst the person is in their care. The readmitting care setting will therefore be expected to treat the returning resident as positive and undertake safe and appropriate isolation/cohorting for 14 days. This lack of a test, whilst a missed opportunity to identify asymptomatic people, should not be a barrier to readmitting the person (safely) back to their home.

3. Isolation Procedures within Care Settings

NW UKHSA has published some interim guidance in relation to local queries about how long people who have repeatedly tested positive should remain in isolation. It is included below by way of assistance in relation to decisions on discharge into care settings. NW UKHSA have raised the issues with national UKHSA and further guidance is expected.

The following advice in relation care setting residents has been produced due to the challenges local care settings are facing with managing significant numbers of residents in isolation for a longer period, including some with challenging medical conditions such as dementia. This is local interim guidance whilst awaiting a national response:

For care setting residents, the following categorisation has been developed:

1) symptomatic residents 2) asymptomatic residents 3) asymptomatic 'immune suppressed' residents:

1. Symptomatic residents

Residents may come out of isolation 14 days after the onset of symptoms provided they are symptom and fever free for 48 hours (without taking paracetamol or other fever reducing

medication). A cough and loss of taste and smell are known to persist for a longer period therefore should not be used as a basis for remaining in isolation.

If they were positive and tested again and remained positive what matters is the symptoms, not the second test, to make a decision about ending isolation. As long as they remain well and fever free after 48 hours and infection prevention control measures are followed, they should not be isolated. However, if they develop symptoms again, they need to be isolated ASAP, as for a new possible case, and tested accordingly. If the resident is not known to be immunosuppressed, then as long as they remain asymptomatic there is no need for repeat testing.

2. Asymptomatic residents

Asymptomatic residents who have tested positive initially, after they have been isolated for two weeks and they remain asymptomatic and are not immunosuppressed, then the current holding advice is not to continue with isolation irrespective of subsequent test results. However, if they develop symptoms they need to be isolated ASAP, as for a new possible case, and tested accordingly.

3. Asymptomatic immunosuppressed residents

Asymptomatic immunosuppressed residents who have tested positive after two weeks should be retested after a further week in isolation? Is this still accurate. As a precaution, if the test result after the third week is still positive but the resident has no symptoms, they should be allowed to come out of isolation as long as IPC measures are maintained. Please note: People with weakened immune systems are at higher risk of getting severe illness from SARS-CoV-2 infection, the virus that causes COVID-19. They may also remain infectious for a longer period of time than others with COVID-19.

This interim PHE NW guidance will be helpful in assisting a more proactive and positive approach in relation to people who have repeatedly tested positive for COVID 19 and are requiring admission to a care setting. This advice will assist care settings in the requirements for appropriately isolating/cohorting such people.

All of the above principles are based on care settings having an appropriate number/skill mix of staff in place, have an appropriate amount/mix of compliant PPE, are observing correct infection control practices and measures, are able to operate within appropriate Mental Capacity Act and Deprivation of Liberty protocols, and feel that they have the appropriate support and guidance from GPs, local authority and health professionals.

4. Summary

The Upper Tier Lancashire Councils will keep this document under regular review considering changing guidance and partner and care setting manager feedback and will amend/update as necessary.

It is recognised that applying the 14-day isolation period is having an impact on the ability of health services to meet the obligations in relation to timely discharges from hospitals. This has become more of an issue as the pressure on hospital capacity has significantly increased. The Upper Tier Lancashire Councils are continuing to work with NHS services to identify appropriate settings to enable safe and efficient discharge.

Issues affecting timely and safe discharges at the present time are the delays in receiving test results, and the current guidance which states that any re-testing of symptomatic residents can only be done after 7-10 days of a previous test. This is causing problems where residents need to be moved from one setting to another.

There is obvious demand for asymptomatic residents to be discharged into settings reporting no COVID cases.

The financial viability of some settings may become more of a pressing issue in the months ahead and work is being done across the system to assess and appropriately support care settings in relation to finance pressures.

The Upper Tier Lancashire Councils continue to support the discharge of more residents at weekends and 'out of hours' and welcome additional support from NHS community services during these periods to enable effective and timely decisions to be made and encourage the principle of 'home first' wherever possible. The use of 'step down' facilities is currently under review. Additionally, they also support further work being done in relation to the development and adoption of a consistent approach to how placements are made.

Grateful thanks are extended to all care providers in Lancashire, and care setting providers in particular, for the hard work, diligence, resilience and above all else, care and compassion that they continue to show for their residents and staff. There will be a lasting impact of this pandemic on residents and staff and the Upper Tier Councils of Lancashire alongside NHS services will continue to provide as much support as possible in a respectful, pragmatic and proportionate way.

Note

If you need support with understanding when it is safe for you to admit, please contact your local infection, prevention and control team.

Due to the pace of updates to guidance, please always refer to the government guidance at the time of reading to ensure you are seeing the most current information.

[Coronavirus \(COVID-19\): admission and care of people in care homes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/coronavirus-covid-19-admission-and-care-of-people-in-care-homes)

[COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/covid-19-management-of-staff-and-exposed-patients-or-residents-in-health-and-social-care-settings)

[Visiting arrangements in care homes](https://www.gov.uk/government/guidance/visiting-arrangements-in-care-homes)

[COVID-19 medical exemptions: proving you are unable to get vaccinated](https://www.gov.uk/government/guidance/covid-19-medical-exemptions-proving-you-are-unable-to-get-vaccinated)

[Free PPE for frontline extended for another year - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/free-ppe-for-frontline-extended-for-another-year)