Responding to confirmed Cases and Outbreaks of COVID-19 in Care Homes in Yorkshire and Humber: Joint working agreement

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| 4.5 | Rapid review – new guidance on testing, infection prevention and control, updated guidance links | 07.04.22 | Nicholas Aigbogun/Living with Covid Working Group |

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| 1. Purpose |
| To outline joint working arrangements between UKHSA YH HPT and local systems responding to confirmed cases of COVID-19, to reduce transmission, protect the most vulnerable and prevent an increased demand on healthcare resource.  Arrangements should outline common principles and plan for flexibility in implementation at place.  *To note - This joint working agreement covers the response to positive cases of COVID-19 and their contacts. Possible cases should be advised to self – isolate and access testing, advice should be provided as per prevention section below.* |
| 1. Principles |
| * Joint working and whole system approach * Consistency in approach across settings and local systems * Build on what works using existing and newly developed outbreak plans * Develop clear roles and responsibilities and prevent duplication * Ensure local voice   **To note:** this is a dynamic document and you should make sure you are using the most up to date version. At times the practical implementation may evolve to the needs of stakeholders, changing guidance and the pandemic. These changes will be reflected in updates to the JWA, although there may be times when the implementation changes ahead of updates to the JWA. |
| 1. Joint Working Between Local Authority and YH HPT |
| The suggested overarching joint approach to managing **complex cases and outbreaks** will be as follows:   * YH HPT/LAs/local IPC teams will **advise** on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements. * YH HPT/LAs/local IPC teams will undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak. * Depending on local arrangements, further advice to care homes with complex outbreaks will be provided either by the local authority or YH HPT, or jointly in a few instances. * The HPT/LAs recognize the excellent work that care homes have done throughout the pandemic and will continue to support care homes as needed. As we now embark on a future of living with Covid, there is a need to build on the great experience care homes have gained in managing Covid within their settings, and to allow them to continue to manage some of these situations independently. * Examples of such situations are listed below, and the HPT/LAs/IPC teams will be available to help manage more complex situations.   3.1 Management of Cases/Clusters/Outbreaks of Covid-19 in Care Homes in Yorkshire and Humber  Outbreak  Cluster  Two or more unrelated cases  Single case  Contact local IPC/LA/HPT for advice (based on local arrangements)  Contact local IPC/LA/HPT for advice (based on local arrangements)  Manage as per standard Covid protocols  Manage as per standard Covid protocols  **Single case:**  One confirmed case of COVID-19 (LFD or PCR) or one case which meets the clinical case definition of COVID-19 [*new/continuous cough OR a high temperature (≥37.8C) OR a loss of/change in normal sense of taste or smell OR a combination of other respiratory symptoms OR an acute deterioration in physical or mental ability in the elderly with no known cause*].  **Two or more unrelated cases:**  At least one confirmed case of COVID-19 (LFD or PCR) AND one or more cases which meet the clinical case definition of COVID-19 among individuals (residents or staff) with onset/test dates within 14 days of each other, but ***with no confirmed contact within the care home***.  **Cluster:**  At least one confirmed case of COVID-19 (LFD or PCR) AND one or more cases which meet the clinical case definition of COVID-19 among individuals (residents or staff) with onset/test dates within 14 days, ***with a suspected link within the care home***.  **Outbreak:**  At least one confirmed case of COVID-19 (LFD or PCR) AND one or more cases which meet the clinical case definition of COVID-19 among individuals (residents or staff), with onset/test dates within 14 days, ***with confirmed links within the care home.***  **Examples of 2 or more *unrelated* cases (list not exhaustive):**   * Two cases of Covid in residents/staff in the care home diagnosed more than 14 days apart * One case of Covid in a resident in the care home followed within 14 days by a case in a staff member who was tested pre-shift and had not worked in the home or looked after the affected resident in the previous 14 days * Two or more Covid cases in staff members within 14 days of each other who had worked in discrete units/floors/shifts with no crossovers and no links between residents cared for * Two or more Covid cases within 14 days in residents in separate/discrete units/floors/sections of the care home with no links between them and no crossover amongst staff looking after them * Covid in a resident recently discharged from hospital (into a care home which already had a resident with Covid) who can be safely isolated in their room and looked after by cohorted staff * Covid in two or more residents recently discharged from hospital (into a care home without any Covid cases) who can be safely isolated in their rooms and looked after by cohorted staff   3.2 Testing Protocol in Care Homes  *(as published on gov.uk on 31.03.22, subject to change)* |

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|  | **Staff** | **Residents** |
| **Symptomatic testing** | Self-isolate; LFD test as soon as possible, repeat 48 hours later  ***Action:*** *Continue self-isolation if either of the two tests is positive*  *Return to work if both LFD tests are negative and medically fit* | Self-isolate; LFD test as soon as possible, repeat 48 hours later  ***Action:*** *Continue self-isolation if either of the two tests is positive*  *Stop self-isolation if both tests are negative* |
| **Asymptomatic testing** | 2 LFD tests per week (3 to 4 days apart), prior to starting a shift  ***Action:*** *Positive result = self-isolate for minimum of 5 days*  *Negative result = continue working* | Not applicable |
| **Rapid response testing** (following one positive result in staff or resident) | Daily LFD test for 5 days (for all those at work)  ***Action:*** *One or more new cases detected = manage as a cluster or an outbreak (depending on links between cases)* | Not applicable |
| **Outbreak testing** | LFD plus PCR test on day 1 of outbreak and LFD plus PCR test between days 4 and 7  ***Action:*** *One or more new cases detected = continue outbreak management* | LFD plus PCR test on day 1 of outbreak and LFD plus PCR test between days 4 and 7  ***Action:*** *One or more new cases detected = continue outbreak management* |
| **Recovery testing** | PCR test at least 10 days after last positive result/symptomatic person in care home, for all staff and residents who have not tested positive in last 90 days  ***Action:*** *All negative results = outbreak restrictions lifted; more positive results = continue outbreak management* | PCR test at least 10 days after last positive result/symptomatic person in care home, for all staff and residents who have not tested positive in last 90 days  ***Action:*** *All negative results = outbreak restrictions lifted; more positive results = continue outbreak management* |

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| 4.0 Description of setting (s) |
| Care homes, supported living/independent living, direct payment. |
| 5.0 Key partners |
| UKHSA YH HPT, LAs (DPH & DASS), CCGs, Community IPCs, care home providers |
| 6.0 Guidance |
| People with symptoms of a respiratory infection including COVID-19:  <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>  Covid-19 testing in adult social care:  <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/covid-19-testing-in-adult-social-care>  Infection prevention and control: resource for adult social care:  <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care>  Coronavirus (COVID-19): support for care homes: <https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes/coronavirus-covid-19-care-home-support-package>  COVID-19 supplement to the infection prevention and control resource for adult social care:  <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care>  COVID-19: guidance for people previously considered clinically extremely vulnerable from Covid-19:  <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>  Hospital discharge service guidance:  <https://www.gov.uk/government/collections/hospital-discharge-service-guidance>    Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022  <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations>  Adult social care action plan:  https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan last updated Dec 2020 |
| 7.0 Prevention |
| Training / learning sessions around IPC / social distancing good practice for settings (CCGs, LAs):   * All LAs have a care home support plan      * Local IPC teams support care settings   Web based learning:     * Health Education England e-learning for health: COVID-19: Putting on and removing Personal Protective Equipment – a Guide for Care Homes - YouTube Video (from Public Health England) * Health Education England e-learning for health: Infection prevention and control in care homes - YouTube video (from BVS Training) * Health Education England e-learning for health: Standard 15: Infection Prevention and Control e-Learning   All the above can be accessed here:  <https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_45016_45612_47219&programmeId=45016> |
| 8.0 Confirmed Cases |
| * Upon identification of single or two or more **unrelated** cases, the care home should manage them according to standard COVID-19 protocols. * Upon identification of an **outbreak** or a **cluster** of cases, the care home should contact the local IPC/LA/HPT for advice as per their local arrangements. * If notified first, YH HPT contacts care home to complete risk assessment and provide initial advice on IPC, cohorting, self-isolation, staff exclusion, etc. * YH HPT notifies LA of complex situations, e.g. high attack rate amongst residents and/or staff; large number of deaths; difficulties managing IPC, lack of PPE, staff absences, etc. * LA provides ongoing support to the care home with regards to staffing, IPC, PPE, and other consequences that may affect safe and effective care provision   *\* Please see appendix 1 for more details and definitions* |
| 9.0 Follow up of cases and identifying contacts |
| **Single cases and two or more unrelated cases** will be managed by the care home as per their standard protocols. The care homes will identify the contacts of the cases and advise them to try to avoid contact for up to 10 days with anyone who is at higher risk of becoming seriously unwell with Covid-19.  **For clusters and outbreaks,** care homes should contact the local IPC team, LA, or HPT (depending on local arrangements) for advice, including the need for extra infection control measures or contact tracing. |
| 10.0 Outbreaks |
| **Definition:**  Two or more confirmed cases of COVID-19 (LFD or PCR) OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days.  To declare an outbreak over in a care home (or related setting), there should be no confirmed cases following recovery testing at least 10 days after the last reported case in that care home.  *Convening an IMT (Incident Management Team):*  IMT meetings will be convened and chaired by the HPT or LA Public Health Team, as per local arrangements. |
| 11.0 Practical considerations |
| Information will be shared between YH HPT and LA teams as follows:   * YH HPT receives information about case(s) through routine surveillance systems * YH HPT will notify LA SPOC via e-mail about complex care home outbreaks (high attack rate amongst residents and/or staff; large number of deaths; difficulties managing IPC, lack of PPE, staff absences, etc.). Outbreaks without these characteristics can be considered “straightforward”. * All new straightforward care home outbreaks notified to the YH HPT will be sent   to the LA as part of the daily notifications of new situations system. Based on local  arrangements, LA teams will contact the care home and undertake a risk  assessment and will inform the YH HPT if an IMT is convened.  Data Sharing  Data sharing between our organizations is underpinned by the General Data Protection Regulations. This requires specific conditions to be met to ensure that the processing of personal data is lawful.  These relevant conditions are included below:   * **Article 6(1)(d)** – is necessary in order to protect the vital interests of the data subject or another natural person. * **Article 6(1)(e)** – is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller * **Article 9(2)(i)** – is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health.   These conditions have been met due to the threat posed by COVID-19, and therefore it is appropriate to share information following the process outlined above. |
| 12.0 Interdependencies |
| May interlink with separate agreement for domiciliary care. |
| 13.0 Plan for review and adaptation |
| Review by working group after three months (or earlier if there is a major change in policy or guidance). |

Appendix 1: Case/ Contact Definitions

**Case definitions:**

Confirmed case: people who have received a positive COVID-19 test result – LFD or PCR (whether or not they have symptoms).

Possible (suspected) case: new continuous cough and/or high temperature and/or anosmia, with/without other symptoms of respiratory illness (shortness of breath, tiredness, muscle aches/pains, sore throat, stuffy or runny nose, etc.).

**Contact definitions:**

A contact is a person who has been close to someone who has tested positive for COVID-19. You can be a contact anytime from 2 days before the person who tested positive developed their symptoms, and up to 10 days after, as this is when they can pass the infection on to others.

<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>