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## Guidance

# Summary of changes to COVID-19 guidance for adult social care providers

Updated 3 May 2022

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## Introduction

These tables are designed to highlight where guidance about COVID-19 for adult social care providers has been changed.

The [COVID-19 supplement to the infection prevention and control resource for adult social care \(https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement\)](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement) should be consulted for full information on these changes, and on measures that remain unchanged.

## Adult social care staff

### Asymptomatic testing

Previous guidance	New guidance
Staff in adult social care should conduct pre-shift testing using lateral flow tests.	Staff in adult social care should test twice a week with lateral flow tests.
Following a positive case, staff in care homes and high-risk extra care and supported living settings should do daily testing until there have been 5 days with no new positives.	Following a positive case, staff in care homes and high-risk extra care and supported living settings should do daily testing for 5 days. This testing is not extended if further positives are found in these 5 days.

## Personal protective equipment

Previous guidance	New guidance
Staff should use FFP3 respirator masks whenever carrying out an aerosol-generating procedure (AGP)	<p>Staff should only use FFP3 masks when carrying out an AGP on someone who is suspected or confirmed to be COVID-19 positive or who has another infection that could be spread by the droplet or aerosol routes.</p> <p>Where no infection is suspected or confirmed, a type IIR mask can be used for AGPs.</p>

Previous guidance	New guidance
<p>Staff should wear a type IIR mask, eye protection, gloves and an apron when within 2 metres of someone with suspected or confirmed COVID-19, or carrying out personal care regardless of whether the person being cared for has suspected or confirmed COVID-19.</p>	<p>Staff should wear a type IIR mask, eye protection, apron and gloves when giving personal care to someone suspected or confirmed to have COVID-19, or when cleaning their room. When undertaking other tasks within 2 metres of someone suspected or confirmed to have COVID-19, a type IIR mask and eye protection should be worn. An apron and gloves should also be worn if it is risk assessed that contact with bloody or body fluids is likely.</p> <p>When carrying out personal care (or other tasks involving likely contact with blood or body fluids) for someone who is not suspected or confirmed to have COVID-19, a type I, II or IIR mask should be worn along with an apron and gloves. Eye protection should also be worn if risk assessed that splashing is likely.</p>

### **If a staff member is symptomatic, tests positive or is a contact of someone with COVID-19**

Previous guidance	New guidance
<p>Staff with symptoms should take a PCR test and stay away from work until they receive a negative result.</p>	<p>Staff with symptoms should take a lateral flow test as soon as they develop symptoms and take another lateral flow test 48 hours after the first test. Symptomatic staff should stay away from work and conduct the lateral flow tests at home. Staff should only come into work if both lateral flow test results are negative. For those who test positive the guidance on ending self-isolation early through additional testing remains the same.</p>
<p>Staff should undertake a PCR test when they have been notified of being a contact of someone who has COVID-19 while staying away from work, and if negative, return to work and test daily with lateral flow tests for 10 days.</p>	<p>Staff should not carry out additional testing or self-isolate if they are a contact of someone with COVID-19, but a risk assessment should be undertaken.</p>

### **People receiving care (excluding care home residents)**

#### **If a person receiving care is symptomatic or tests positive for COVID-19**

Previous guidance	New guidance

Previous guidance	New guidance
People receiving care who have symptoms should take a PCR test and if in a residential setting (extra care, supported living), should isolate until they receive a result.	People with symptoms in extra care and supported living should take a lateral flow test as soon as they develop symptoms and take another lateral flow test 48 hours after the first test. They should follow the guidance regarding staying at home and avoiding others – this can end if both tests are negative. For those who test positive, the guidance on ending self-isolation early through additional testing remains the same.

## Regular asymptomatic testing for COVID-19

Previous guidance	New guidance
Monthly asymptomatic PCR testing for people in high-risk extra care and supported living	There should be no regular asymptomatic testing for people receiving care.

## Environment considerations

### Management of waste contaminated with respiratory secretions or mucus from a person with COVID-19

Previous guidance	New guidance
In a person's own home, this waste should be held for 72 hours before being disposed of.	In a person's own home, this waste should be disposed of in the domestic waste stream with no extra measures needed.

## Considerations specific to care homes

### Discharge from hospital into a care home

Previous guidance	New guidance
People who test positive for COVID-19 cannot be discharged into care homes and would need to complete a period of isolation in a designated setting.	People who test positive prior to discharge can be admitted to a care home if the home is satisfied that they can be cared for safely.  A person will receive a PCR test prior to discharge, or a lateral flow test if they have tested positive for COVID-19 in the past 90 days.
Care home residents should self-isolate within the care home following emergency admission into hospital.	Care home residents should not be required to self-isolate when discharged back to the care home following an admission into hospital, subject to a negative PCR or lateral flow test. Residents will still need to self-isolate for 10 days if they have been discharged from a part of hospital where there is an active outbreak.

## Admission to care home from the community or another care setting

Previous guidance	New guidance
<p>Residents admitted from the community or another care setting should take a PCR test before they're admitted (within the previous 72 hours) and a PCR test on the day of admission (day 0). An individual risk assessment should also be conducted to determine whether the incoming resident should self-isolate.</p>	<p>Residents admitted from the community or another care setting should take a PCR test within the 72 hours before they're admitted (or a lateral flow test if they have tested positive for COVID-19 in the past 90 days) and a lateral flow test on the day of admission (day 0).</p> <p>These tests should be provided by the care home. If an individual tests positive on either of these tests and continues to be admitted to the care home, they should be isolated on arrival.</p>

### **If a care home resident is symptomatic, tests positive or is a contact of someone with COVID-19**

Previous guidance	New guidance
<p>Care home residents should take a PCR test and isolate if they have symptoms of COVID-19 to confirm their COVID-19 status. If they test positive for COVID-19, they should isolate and then take part in daily rapid lateral flow testing from day 5. Residents can end self-isolation after receiving 2 consecutive negative tests 24 hours apart, or after 10 days isolation.</p>	<p>Care home residents who have symptoms of COVID-19 should isolate and take 2 lateral flow tests: as soon as they develop symptoms (day 0); and another lateral flow test 48 hours after the first test (day 2) to confirm their COVID-19 status.</p> <p>Residents who test positive for COVID-19 should isolate for 10 days and take part in daily lateral flow testing from day 5. They can end self-isolation after receiving 2 consecutive negative tests 24 hours apart, or after 10 days' isolation.</p>
<p>Residents who are close contacts of a COVID-19 case should self-isolate and be released from self-isolation following 3 consecutive negative lateral flow tests.</p>	<p>Residents who are close contacts of a COVID-19 case do not need to isolate nor undertake additional testing. Instead, they should: minimise contact with the person who has COVID-19, avoid contact with anyone who is at higher risk of becoming severely unwell if they are infected with COVID-19, especially those with a severely weakened immune system, and follow the advice regarding testing and isolation if they develop symptoms of COVID-19.</p>

### **Regular asymptomatic testing for COVID-19**

Previous guidance	New guidance
<p>Monthly asymptomatic PCR testing for residents of care homes.</p>	<p>There should be no regular asymptomatic testing for residents of care homes</p>

## Visiting arrangements in care homes

Previous guidance	New guidance
Essential care givers and end-of-life visits should be facilitated in all circumstances (regardless of outbreak or resident isolation)	Every care home resident should have one visitor who can visit in all circumstances (including during periods of isolation and outbreak). End-of-life visits should always be facilitated.
All visitors should test before visiting.	Only visitors providing personal care should test before visiting. They will not need to test more than twice a week.
NHS staff should show a negative COVID-19 test from within the last 72 hours. CQC and other visiting professionals were advised to conduct a COVID-19 test every day they were in an adult social care setting.	NHS staff should be able to provide evidence of a negative test within the last 72 hours. CQC inspectors should test before their inspection, up to a maximum of twice a week if they are in care settings 2 times or more per week.  Other visiting professionals should be tested with tests provided by the care home if they are providing personal care, as per the guidance for visitors providing personal care.
Care home residents should self-isolate following high-risk visits out of the care home (including emergency hospital stays).	Care home residents should only self-isolate if they test positive for COVID-19, or if they are admitted from a hospital where there is an active outbreak.

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