

Whole home testing and retesting

The following are extracts of a communication to Public Health Directors

The testing is not compulsory and anyone who has tested positive previously will not be retested

Outbreak management and rapid testing for care homes with outbreaks

We have developed a new outbreak management process for care homes which includes rapid testing. This will be rolled out from 13 July.

COVID-19 outbreak management protocol starts in a care home as soon as a case is identified, either through a lab confirmed case, or in certain circumstances when a resident's GP and Health Protection Team (HPT) agree following a clinically suspected case. The care home must inform the HPT as soon as a case is identified. The HPT will undertake a public health risk assessment to determine next steps. If an outbreak is suspected, the HPT will then order a batch of tests for rapid testing of the whole care home (residents and staff) through the local Pillar 11 lab capacity, and will utilise capacity across PHE and NHS laboratories as required to deliver results as quickly as possible. Testing (through Pillar 1 labs) should then be repeated on day 4-7 for all staff and residents who initially tested negative to reduce the false negative risk. Re-testing after 28 days from the last suspected case will be provided through Pillar 22 to confirm the outbreak has ended.

Retesting in care homes without outbreaks

From 6 July onwards, we will start to roll out weekly testing of staff and testing of residents every 28 days in all care homes without outbreaks through Pillar 2. Bank, agency and visiting staff such as social workers and Allied Health Professionals working in care homes should be included in the weekly staff tests in care homes. This approach is based on advice from SAGE, the evidence from the initial round of whole home testing and the results from our Vivaldi surveillance survey. It is a significant milestone that we are able to now roll out retesting. Retesting helps to prevent and control outbreaks in care homes and means steps can be taken to reduce the spread of the virus.

This approach balances the need for regular testing of staff, who will potentially be more exposed to the virus with the fact that regular testing can be difficult and distressing for some residents.

We will initially prioritise care homes for the over 65s and those with dementia because these homes were the first to receive whole home testing in the initial round of testing and based on SAGE and PHE advice.

Pillar 1: swab testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers.

Pillar 2: swab testing for the wider population, as set out in government guidance. This includes routine whole care home testing