

We will also continue to provide domiciliary care providers with the information they need to continue providing care during the COVID-19 pandemic.

1. Admission of residents

The care sector looks after many of the most vulnerable people in our society. In this pandemic, we appreciate that care home providers are first and foremost looking after the people in their care, and doing so while some of their staff are absent due to sickness or isolation requirements. As part of the national effort, the care sector also plays a vital role in accepting patients as they are discharged from hospital – both because recuperation is better in non-acute settings, and because hospitals need to have enough beds to treat acutely sick patients. Residents may also be admitted to a care home from a home setting. Some of these patients may have COVID-19, whether symptomatic or asymptomatic. **All of these patients can be safely cared for in a care home if this guidance is followed.**

If an individual has no COVID-19 symptoms or has tested positive for COVID-19 but is no longer showing symptoms and has completed their isolation period, then care should be provided as normal.

The Hospital Discharge Service and staff will clarify with care homes the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to the care home. Tests will primarily be given to:

- all patients in critical care for pneumonia, acute respiratory distress syndrome (ARDS) or flu like illness
- all other patients requiring admission to hospital for pneumonia, ARDS or flu like illness
- where an outbreak has occurred in a residential or care setting, for example long-term care facility or prisons.¹

Negative tests are not required prior to transfers / admissions into the care home.

Duties and powers under the Mental Capacity Act 2005 still apply during this period. If a person thinks it is more likely than not that the person lacks the relevant mental capacity to make the decisions about their ongoing care and treatment, a capacity assessment should be carried out before a decision about their discharge is made. During the emergency period professionals may want to consider a proportionate approach to such assessments to enable timely discharge. The Department of Health and Social Care will shortly be issuing guidance on the use of the MCA and Deprivation of Liberty Safeguards during this

¹ Further guidance on testing can be found online: <https://www.gov.uk/government/news/coronavirus-testing>.

emergency period. Where the person is assessed to lack the relevant mental capacity and a decision needs to be made then please follow this guidance.

2. Caring for residents, depending on their COVID-19 status

COVID-19 positive cases

If you are caring for a resident who has been discharged from hospital and has tested positive for COVID-19, the discharging hospital will provide you with the following information upon discharge:

- The date and results of any COVID-19 test.
- The date of the onset of symptoms.
- A care plan for discharge from isolation.

Annex D provides further information on the appropriate isolation required for care home residents who have been discharged from hospital following treatment for COVID-19.

Keeping asymptomatic residents safe and monitoring symptoms

Care home providers should follow [Social distancing measures](#) for everyone in the care home, wherever possible, and the [Shielding guidance](#) for the extremely vulnerable group.

Care homes should implement daily monitoring of COVID-19 symptoms amongst residents and care home staff, as residents with COVID-19 may present with a new continuous cough and/or high temperature. Assess each resident twice daily for the development of a fever ($\geq 37.8^{\circ}\text{C}$), cough or shortness of breath. Immediately report residents with fever or respiratory symptoms to NHS 111, as outlined in the section below.

Symptomatic residents

Any resident presenting with symptoms of COVID-19 should be promptly isolated (see Annex C for further detail), and separated in a single room with a separate bathroom, where possible. Contact the NHS 111 COVID-19 service for advice on assessment and testing. If further clinical assessment is advised, contact their GP. If symptoms worsen during isolation or are no better after 7 days, contact their GP for further advice around escalation and to ensure person-centred decision making is followed. For a medical emergency dial 999.

Staff should immediately instigate full infection control measures to care for the resident with symptoms, which will avoid the virus spreading to other residents in the care home and stop staff members becoming infected.