

Dear colleague

Re: Advice to Care Homes in Greater Glasgow and Clyde on COVID-19 Testing for New Admissions

The Health Protection Scotland document “COVID-19: Information and Guidance for Care Home Settings”¹ provides guidance on the admission of individuals to care homes, including on the admission of COVID-19 and non-COVID-19 patients who are being discharged from hospital, and admissions from the community.

The document sets out a recommendation that “*All ... admissions from the community should have at least one test performed before or on admission, and be isolated on admission for 14 days. Risk assessment prior to admission should be undertaken to ensure that appropriate isolation facilities are available, taking into account requirements for the patient’s care.*”

NHSGGC’s advice to care homes in the Greater Glasgow and Clyde area is that testing should be performed on admission rather than before admission. The reasons for this are as follows:

1. Regardless of whether the test is performed before or on admission, a negative result does not rule out the possibility that the individual is nonetheless infected with the COVID-19 virus. This is because the virus may not be detected by the test in people who have only recently acquired the infection or have not yet started to show symptoms. Testing before admission provides no advantages in this regard.
2. If the test is done before admission, they may still become infected during the interval between their test and their admission. A negative test before admission cannot rule this out.
3. All new admissions to care homes need to be isolated for at least the first 14 days of their admission to the care home, irrespective of whether and when they are tested or of their test result. Whether or not a test is done and its timing therefore do not alter the management of the individual in this regard.
4. Testing of new residents before admission may delay or disrupt their admission to the care home. This has the potential to cause considerable harm especially if they require urgent or emergency admission to the care home.

A system is already in place for testing symptomatic residents of care homes upon request by their GP. From now on, this arrangement can also be used to test new residents who are being admitted from the community (regardless of whether or not they have symptoms), at the time of their admission.

¹ https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_covid-19-information-and-guidance-for-care-homes.pdf

The test should ideally be requested and arranged in advance so that it test can be performed immediately upon arrival of the new resident at the care home, but if that is not possible it should be done at the earliest opportunity thereafter.

Further advice to support risk assessments for new admissions to care homes is provided in the attached.

Yours sincerely

A handwritten signature in black ink that reads "Linda De Caestecker". The signature is written in a cursive, flowing style.

Linda De Caestecker
Director of Public Health
NHS Greater Glasgow and Clyde

Suggested Issues to Consider when Performing COVID-19 Risk Assessments for New Admissions to Care Homes from the Community

1. The balance of risks for the individual

Candidates for care home admission will by definition have a requirement for care home support, and are not able to be adequately supported in the community. In some instances it may be possible to delay their admission to the care home without causing them undue harm or risk. If so, this option should be considered in the first instance, in line with the general approach of avoiding unnecessary activities, interventions and transfers during the outbreak.

If the admission can be deferred, then this may be in the best interests of the individual if there are grounds to believe that they will be placed at increased risk of SARS-CoV-2 infection in the care home than they are in the community. This may be the case for admissions to care homes with an active outbreak and for individuals who are shielding. However in other situations a delay or cancellation of the admission may expose the individual to actual harm or risk of harm, in which case it will not be possible to delay or cancel the admission in the absence of satisfactory alternative arrangements, regardless of their COVID-19 status.

In considering these issues, the views and consent of the individual should be elicited if possible and taken into due consideration, even if it is not possible to fully accommodate their preferences or wishes.

2. Potential risks for other residents and staff in the care home

If the admission can be deferred without that causing significant harm to the resident or placing them at risk, then that option should be considered in line with the general policy of minimising non-essential movements into and out of care homes.

In considering the risks to the care home, it is important to take into account whether or not there is already SARS-CoV-2 in the care home (accepting a new admission may generate less additional risk to a care home with cases than to one without) and the likelihood that the individual may be infected, to the extent that can be ascertained (e.g. whether they are a confirmed or possible case, or a household contact of a case). The characteristics of existing care home residents (age, underlying medical conditions etc.) may also be a relevant.

3. Capacity

Shortages of staff, lack of side rooms and other such resource issues may have a bearing on whether the care home is able to safely accept the new admission, and on the balance of risks in doing so. By default care homes should not be expected to admit new residents if they lack the resources to do so safely.

4. Symptoms

All care home residents should be regularly assessed for symptoms of COVID-19 prior to, at the time of and following admission so that they can be managed appropriately according to HPS guidance. If the individual is found to be symptomatic before admission or is a household contact of a case, where possible the admission should be delayed until they have completed their self-isolation period. However before deciding to delay the admission the risk assessment must determine that it is safe to do this and that it will not result in harm or risk of harm to the individual.

5. The role of testing

In most situations the factors identified above will determine the outcome regardless of test results, and/or testing may not provide sufficient additional information to alter the course of action (for instance, a negative test cannot rule out underlying SARS-CoV-2 infection). For these reasons testing will have little or no role in risk assessments, and should only be routinely performed once the new resident is admitted into the care home.

6. Role of a Problem Assessment Group (PAG) and the Public Health Protection Unit (PHPU)

If necessary, a Problem Assessment Group (PAG) should be convened for difficult or finely poised decisions about new admissions. The NHSGGC Public Health Protection Unit (PHPU) is available to support and advise on decisions about new admissions to care homes where needed.