



15 December 2022

From: Adult Social Care Delivery
Department of Health and Social Care
39 Victoria Street
London SE1H 0EU

To: Adult social care service providers
Directors of Adult Social Care Services
Directors of Public Health and wider stakeholders

Dear care colleagues,

Changes to the universal use of face masks in adult social care for COVID-19 and COVID-19 outbreak management in care homes

Earlier this year, we set out our approach to continue to ensure ongoing COVID-19 measures are proportionate, while reducing the risk to those most vulnerable to COVID-19. We continue to provide guidance to support this, and today have announced further steps to empower providers to utilise their own expertise and experience to make risk-based judgements on appropriate infection, prevention and control (IPC) measures where possible.

This letter sets out further details following the Government's announcement on the risk-based use of face masks across adult social care, provider autonomy to initiate outbreak-management risk-assessments, and updated outbreak testing in smaller care homes. Providers should move to the updated guidance by 22 December but can begin to implement new guidance before this as soon as they feel able to.

Risk-based use of masks

We recognise that the use of face masks all of the time across adult social care can cause difficulties for people receiving care and staff looking after them. Guidance has now been amended to support a risk-based approach. This replaces previous guidance that stated face masks should be worn at all times across adult social care.

Decisions on the use of masks should balance the risk of infections spreading with any risks or benefits that arise from the use of masks. Providers should follow updated guidance and continue to engage with staff and people receiving care to inform decisions on when masks should be used. As set out in guidance, masks should continue to be used by:

- A staff member caring for a person suspected or confirmed to have COVID-19
- A staff member who is a household or overnight contact of someone with COVID-19
- Staff and visitors if there is an outbreak of COVID-19 in the setting.
- A staff member if the person receiving care prefers a carer to wear a mask

The use of masks may also be considered if caring for someone who is particularly vulnerable to severe outcomes from COVID-19 (e.g. potentially eligible for COVID-19 therapeutics) on an individual basis and in accordance with their preferences. Providers may wish to refer to [COVID-19: guidance for people whose immune system means they are at higher risk](#) for more information. Mask wearing may also be considered when an event or gathering is assessed as having a particularly high risk of transmission.

Providers can move to a risk-based approach as soon as they feel able to do so providing relevant risk-assessments have been undertaken. All providers should ensure they can demonstrate evidence of risk-assessments for their use of masks by 22 December.

Free PPE will remain available until March 2023 to protect against COVID-19.

Care home autonomy to initiate COVID-19 outbreak management risk-assessments

We recognise the disruption that is caused in the event of a suspected or confirmed outbreak¹ of COVID-19 and continue to be grateful for all the work providers do to keep staff, residents, and visitors safe.

We have streamlined decision-making in the event of a COVID-19 outbreak so that care homes can initiate their own risk-assessments should they feel able to do so. This means care homes can determine and implement proportionate and risk-based outbreak measures relevant for the individual setting. As part of the updated guidance, care homes should:

- Continue to inform the local health protection team (HPT) of a suspected outbreak as per previous guidance, but updated guidance means they are no longer required to wait for advice from the HPT (or other relevant partner²) should they feel able to initiate a risk assessment independently.
- Follow updated guidance set-out in the [COVID-19 supplement to the Infection Prevention and Control resource for adult social care](#) to establish if cases are linked and determine outbreak measures, if opting to initiate the risk assessment.
- Ensure any measures implemented are proportionate, risk-based and temporary.
- Continue to facilitate some form of visiting during an outbreak. In all circumstances, each resident should as a minimum be able to have one visitor at a time inside the care home, and end-of life visiting should always be supported.
- Initiate outbreak testing and rapid response testing in line with updated guidance as soon as possible. This is set-out in the [COVID-19 testing in adult social care](#). Providers do not need to wait for HPT advice to do so.
- Ask for further support where necessary from the local HPT (or other local partner) if they need further advice or if there are specific issues of concern. Further details are outlined in the updated [guidance](#).

Care homes can begin to initiate their own risk assessments in the event of a suspected outbreak when they feel able to do so. Providers should inform staff, residents, and their loved ones if a home is in outbreak as well as any measures that have been applied.

Outbreak testing changes for small care homes

We are grateful to the sector for continuing to conduct testing in line with guidance to protect people most vulnerable to COVID-19. We regularly review the latest evidence to ensure testing is proportionate, and following analysis of outbreaks in small care homes (defined as 1 to 10 beds), we are pleased to further streamline outbreak testing for these settings.

Scientific evidence indicates that transmission is likely to occur early in small care home outbreaks due to the close networks between a small number of people, with less potential

¹ An outbreak consists of 2 or more positive or clinically suspected linked cases of COVID-19, within the same setting within a 14-day period (this means where the cases are linked to each other and transmission in the care setting is likely). This applies to both staff and residents and includes PCR and lateral flow test results.

² The relevant local partner may be the community infection prevention and control (IPC) team, local authority, Integrated Care Board (ICB), or otherwise, according to local protocols.

for hidden chains of transmission. Reflecting this, testing guidance has been updated meaning:

- Small care homes no longer need to undertake PCR recovery testing of all staff and residents 10 days after the last individual developed symptoms or tested positive, unless advised by an HPT or other relevant local partner.
- The outbreak can be declared over once all resident self-isolation periods are over. This does not alter when staff should return to work which is outlined in the [COVID-19 supplement to the Infection Prevention and Control resource for adult social care](#).
- Small care homes should initiate outbreak testing as soon as possible if two or more cases are identified as there is a higher likelihood that the cases are linked due to the close networks in small settings. Small care homes may opt to undertake both rapid response and outbreak testing or just outbreak testing. Please refer to [COVID-19 testing in adult social care](#) guidance to determine if rapid response testing has value.
- Small care homes should continue to undertake rapid response testing in the event of one positive case to help determine if an outbreak may be occurring.
- Small care homes can manage resident cases similarly to a household, with residents encouraged to follow [advice for the general population](#). Providers should also continue to act quickly to support individuals diagnosed with COVID-19 who are potentially eligible for COVID-19 antiviral treatments.

Small care homes can adopt updated guidance as soon as they feel able to do so. They should no longer undertake recovery testing after 22 December.

A care home should determine and be prepared to evidence that small care home guidance applies to them if the size of the care home is above 10 beds. For example, if there are individual units or floors with completely separate staff and residents who do not mix with other staff and residents outside of this unit or floor.

Ongoing guidance

We hope that these changes will empower providers and staff to make decisions on appropriate measures and help ensure that ongoing IPC measures are proportionate.

Vaccines remain the best way to protect people from COVID-19 and flu. We continue to encourage staff and people receiving care to get their COVID-19 vaccinations, including boosters as soon as they are eligible. Social care workers and eligible care recipients can book their appointments for both a Covid Autumn booster and flu vaccine via the National Booking Service or by contacting their GP.

Staff, service users and visitors are also encouraged to continue to follow [infection, prevention and control guidance](#). This, alongside vaccination and other important measures such as therapeutics and targeted testing will continue to help protect people across adult social care.

Thank you to you and your staff for your continued efforts,

Yours sincerely,

Claire Armstrong

Director of Adult Social Care Delivery
Department of Health and Social Care