

Frequently Asked Questions – Guidance for Care Homes on when an outbreak of COVID-19 has ended

[Guidance on the Prevention and Management of Infection and Outbreaks of COVID-19 in Residential Settings in Wales](#) provides information on infection prevention and control measures including in situations where there is an incident or outbreak in a Care Home. We are aware there have been a number of questions relating to the implications of an outbreak in a setting and when this is considered to have ended.

These questions address the situations most frequently raised with us but we appreciate the particular scenario you might be encountering in your facility may not be covered. Public Health Wales is always willing to support individual risk assessment and provide advice, therefore, please contact us on 0300 00300 32 and we will be happy to discuss your questions with you.

1. What does it mean to have an outbreak of COVID-19 in a care home, what are the implications?

For all kinds of infectious disease when we get more cases in the same setting in a defined time period than we would expect we say that there is an 'outbreak' of that infection. The exact number of cases needed to say there is an outbreak may vary with different infections. Having an 'outbreak' in this example means we consider there is transmission or spread of the infection associated with that setting and we will need to act to bring it under control.

For many infections like COVID-19 or seasonal flu, vulnerable groups such as those who live in care homes are particularly at risk of serious illness that requires hospitalisation and can sometimes die. We need to act quickly to contain the spread.

We will be following the principles of our normal outbreak plans to respond to cases in residential homes. This means we will be working with the affected home and with a range of multi-agency partners to help bring the outbreak to a close.

During any outbreak we will recommend action which is designed to protect the residents and staff in the care home and those who may normally visit that setting. This will include testing and recommendations on infection control including use of PPE, enhanced cleaning and the isolation of those with known infection. In addition we will recommend the setting closes to visitors, other than essential visitors such as

healthcare staff. We will also advise that a setting should take no new admissions during the period of the outbreak, this protects people from being put at risk unnecessarily and also helps to prevent any other infections from entering the setting at the same time.

2. Why do we have to wait 28 days for an outbreak of COVID-19 to be over?

In any infectious disease outbreak there is a set amount of time from when the last person became infected (the onset of symptoms or a positive test result) to declaring that the outbreak is over. This time period is two times the maximum incubation period for the infection and is standard practice in health protection internationally. Different infections have different incubation periods. For COVID-19 it is 14 days, so an outbreak will be declared as ended if a setting goes for 28 days without any new cases of the infection from the last symptomatic or positive case.

3. If an outbreak occurs when there is more than one case why are residential settings being told they have an outbreak when there is only one positive case?

We have all seen how devastating this infection can be when it enters a setting like a care home. The infection spreads very rapidly and it very difficult to stop once it has taken hold in a setting, even when everyone is doing their very best to follow the guidance. For this reason we are very cautious, particularly while the infection is widespread in the community. For that reason, to date, we have treated a single case as if there was an outbreak. This is partly because we may not know until testing has taken place how many people are infected. If we wait to find out before implementing control measures that puts people at risk. From the outset of this pandemic Public Health Wales has advised all care homes to implement infection control measures as soon as someone is symptomatic.

As the level of infection in the community begins to fall we will be risk assessing situations where there is only one case. In some circumstances where we are confident that there is unlikely to be any further cases within the setting, we will not treat the situation as an outbreak and may provide case by case advice about the steps to take.

4. Our staff have recently been tested as part of the whole home testing programme and all are negative except one. They have no symptoms at all. How do we know that the test is accurate?

When there is widespread infection in the community a positive result is almost certainly a true positive. However, as levels of infection fall, in situations where there are no other cases, no obvious source of the infection and the individual has no symptoms a 'false' positive result becomes more likely. New advice has been issued by Welsh Government which means that where this situation occurs a second test can be performed, at least 48 hours after the first test was taken if the individual remains asymptomatic. While waiting for the second test result the individual should remain in isolation and be treated as a true positive. If this result is then negative then the initial positive test can be discarded and the individual can leave isolation. If the second test remains positive then they should be treated as a true positive and remain in isolation.

5. We have had staff test positive for the second time as a result of the whole home staff testing. Does this mean that we need to start counting the 28 days again from the beginning?

Generally, we do not recommend that individuals who have recently (in the last six weeks) tested positive are retested, particularly if they have recovered fully and no longer have any symptoms. This is because it is very common for the test to detect very low levels of the virus even though we are fairly confident the individual is no longer infectious to others.

If someone is inadvertently tested again, and they are well and this follows a recent infection or positive test in the last six weeks then this will be considered to be the same episode with the same onset date. In these circumstances you will not be asked to start counting again.

If someone is tested again and has a positive result and they originally tested positive more than six weeks ago then we cannot be certain that this is the same episode. As a precaution they will be treated as possibly infectious and will be asked to self-isolate again. In this situation counting the 28 days will start again.

This is a matter for risk assessment taking into account a number of factors. For this reason Public Health Wales or your local Environmental Health Team will advise you when the outbreak or incident has ended in your setting after assessing all of the relevant information.

6. We have a separate wing of our setting which we are using to care for our COVID-19 positive residents, it has its own entrance and staff. The remainder of the setting has been thoroughly cleaned. Can we open this section to new admissions?

There may be situations when a setting is able to completely separate one section of the building. If this can be done completely then that section may be able to open to new admissions. We would also take into account the stage and extent of the outbreak in the setting, how long it has been going on, the number and level of infections etc.

Operating separately would involve ensuring and demonstrating that staff are completely separate including as they travel to work and during their break times.

A decision to accept that a facility can operate independently is not something that Public Health Wales can do alone as it requires local knowledge and understanding on your individual setting. While we will provide advice this decision would be taken in partnership with the Local Authority and Health Board as the commissioners of services supported by the Environmental Health Team.

7. If we are not able to open to new admissions we may no longer be financially viable and the home will need to close, this will leave vulnerable older people without anyone to care for them.

We fully understand and appreciate the impact that COVID-19 has had on the care sector as it has on the economy as a whole. Across the world Governments have had to take difficult decisions balancing the risks to health with wider risks to longer term economic wellbeing.

Our health and care services have suffered the impact of this infection more than any other sector and it is in these settings that the greatest loss of life has been seen. We have learnt during this pandemic how difficult it is to bring this infection under control once it takes hold in a setting and we believe, as do many of those working in the sector, we need to do everything possible to stop widespread outbreaks from happening again.

As with other parts of the economy Government and those who commission services will need to work together with the sector to address these important consequences.

As an immediate response to the financial issues arising from the pandemic the sector was experiencing, the Welsh Government made available to local authorities up to £40 million to help meet adult social care providers' additional day-to-day costs in relation to their commissioned care. This was to enable providers to continue to operate and to maintain their care provision. This funding was originally for the period up to the end of May but was extended into June.

While this provided much needed support to the sector many providers are continuing to face financial pressures, particularly care homes who are facing the additional challenge in relation to a loss of income caused by a higher number of vacancies than usual (ie voids). As a result the Welsh Government has announced it is providing further funding of £22.7m to local authorities to enable them to continue to assist adult social care providers with these on-going additional costs. This funding is available until the end of September, when the situation will be reviewed.