

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 provide advice, therefore, please contact us or your local Environmental Health officer 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 helps to prevent any other infections from entering the setting at the same time.

2. Why do we have to wait 20 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 until recently an outbreak will be declared as ended if a setting went for 28 days without any new cases of the infection from the date of onset of symptoms for the last symptomatic or positive case.

This has now been reviewed on the basis of new scientific advice. An outbreak will usually be declared over if the following conditions are met:

- *There have been no new symptomatic individuals or positive cases for 14 days **and***
- *Whole home testing has been carried out after 14 days, the whole staff and residents have been tested and no positive results have been received **and***
- *At day 20 if there have been no further symptomatic cases or positive test results the outbreak can be declared over.*

Settings will be advised when an outbreak has ended by Public Health Wales or their Local Authority Environmental Health Team.

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 is 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 any resident or staff member 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 from a PCR test (laboratory test) 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. In these situations we recommend that people who test positive as a result of regular testing e.g. they do not have symptoms, should have their results reviewed before further action is taken. This is to ensure that the result is a true positive and that further control measures should be taken. While waiting for the outcome of the review, the individual should remain in isolation and be treated as a true positive. If the review concludes that the result is most likely to be a false or historic positive result, the individual can leave isolation and no further controls will be placed on the setting.

A new form of testing is being used in some circumstances called a Lateral Flow Test. This provides a result in about 30 minutes and can be done without sending a test to the laboratory for analysis. These tests are used as an addition to existing control measures such as social distancing and using PPE. They cannot be used to confirm that someone has the coronavirus as they are not as accurate as the laboratory tests. These tests should only be used as part of a Welsh Government programme or when advised to do so by Public Health Wales or an Environmental Health Officer.

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 20 days again from the beginning?

Generally, we do not recommend that individuals who have recently (in the last 90 days) 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 90 days 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 90 days ago then we cannot be certain that this is the same episode. In these situations, where the individual does not have symptoms an individual review will be undertaken to assess whether the individual is likely to be infectious to others.

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.

The Welsh Government provided £40m ring fenced funding for adult social care as an initial response to support local authorities in maintaining their in-house and commissioned services. Funding was to support additional costs directly associated with the provision of care and support. This included extra spend incurred in addressing staff shortages, PPE and infection controls etc. to help care providers to continue to deliver services throughout the pandemic. A further £22.7m has since been made available to continue to support adult social care provision across domiciliary care, residential care and supported living and to help address market stability pressures up to the end of Sept. In addition, an extra £4.6m has been added to the original £40m to account for shortfalls against additional cost incurred by local authority during the initial stage. Since then a further £264m has been secured for all local authority additional COVID-19 related costs until the end of 2020-21 with social care being able to access a share of these funds.

The recent reduction in the period required before an incident is declared over, from 28 days to 20 days as set out above, should also help the situation. In addition, the introduction of individual reviews of positive test results where individuals do not have symptoms, should also prevent settings being placed in incident or red status unnecessarily.