

Frequently Asked Questions – Guidance for Children’s Care Homes and COVID-19

[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 in a range of settings including those for children. Following this guidance will help to protect children and staff and support you in ensuring you comply with relevant legislation.

While this guidance must be applied, we recognise that in some circumstances implementing this guidance may prove difficult and adaptations will need to be made on a case by case basis. These questions address the situations most frequently raised with us. We appreciate that 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. Please contact us on 0300 00300 32 and we will be happy to discuss your questions with you.

1. Do children need to be tested and have a negative test before admission to a care home for children facility?

Admissions to residential care facilities for children can often be an urgent response to a safeguarding issue as well as those which are planned. Where a placement is planned then testing can be arranged in line with current Welsh Government policy taking account of the caveat below on negative tests. Guidance on how to access testing is contained in the guidance or on the Welsh Government [website](#).

For urgent situations, where delaying placement would likely have an adverse impact on a child's health and wellbeing. Routine testing of asymptomatic children prior to urgent placement in residential homes is not required. This is because:

- Delaying transfer of asymptomatic children to children’s facilities may have severe adverse consequences for that child and others*
- A negative test result will not mean that the child does not pose an infection risk as the child could be incubating disease and be in a pre-symptomatic phase so this is not an effective control measure.*

In the event of an urgent placement testing should take place as soon as possible and a multi-agency risk assessed approach should be taken. Public Health Wales will provide specialist health protection advice to support a risk assessment.

*If the child is likely to have been in contact with a confirmed positive or symptomatic person, OR if the individual is symptomatic or confirmed to have COVID-19, **then any urgent placement must be planned on the basis that they are COVID-19 positive.** This should only take place when absolutely necessary and with specialist advice from Public Health Wales.*

If the child has not been in contact with any known cases or symptomatic individuals and is in an area of Wales where the level of community infection is low, they are at low risk and the placement can take place on this basis. Public Health Wales is able to advise on the current level of infection rates.

2. Do children need to be isolated for 10 days following admission to a residential care facility?

For children who are asymptomatic (do not have symptoms of COVID -19) and identified as low risk (see Q.1) isolation may not be appropriate and may have a negative impact on their wellbeing. The setting should follow social distancing, good hygiene and minimise the sharing of equipment for the first 10 days. Where social distancing is not possible, for example where close personal care is needed, staff should wear recommended PPE for the first 10 days. This advice should also be followed for planned placements where the child has tested negative prior to placement.

For urgent placements of children who have been in contact with a confirmed case or symptomatic person then contact with others in the home should be minimised as far as possible e.g. the child could share a living room with social distancing for a short time, but not share the same sofa.

For urgent placements where the child has tested positive for COVID-19 or they have symptoms of COVID-19 they should be in isolation in their room as much as possible for 10 days or until symptoms resolve whichever is the longer. It is important that the child is able to interact with others in an appropriately socially distanced way or using technology and has access to outside areas such as a garden for some of the day. When moving around the home the child should be accompanied by a member of staff, wear a mask and avoid touching surfaces. Staff should use recommended PPE when providing any close personal care or when entering the child's room. The home should be treated as a 'household' during this time and the remaining children should not leave the home for 10 days except in exceptional circumstances, which should be carefully risk assessed and managed with infection control precautions in place.

3. Do staff need to wear full PPE as there is concern this will cause distress to children?

Currently we would advise that staff follow the guidance for PPE as set out in the document '[PHW Advisory Note - Use of PPE in Social Care Settings](#)'. The PPE required will depend on the nature of the care being provided e.g. close personal care.

Some children and young people may find this distressing. Where there is distress any decision to reduce the level of PPE used should be on the basis of an individual risk assessment. Where a child has tested positive for COVID-19, has symptoms or is believed to have been in contact with a confirmed case or symptomatic individual PPE is strongly advised. This is to protect the member of staff and to reduce the likelihood of spread of the infection within the home and the wider community.

Should the wearing of PPE be felt to be causing an unacceptable / unmanageable level of distress for a particular child, then please seek advice from Public Health Wales or your local Environmental Health Department regarding potential alternative strategies for the specific circumstances.

4. Do children need to be tested when leaving residential care?

If the child is symptomatic they should be tested and remain in isolation for 10 days or until any symptoms resolve, whichever is the longer. After that time they can be safely transferred to another setting.

If there is anyone in the residential setting who is symptomatic or has tested positive and the residents of the home are self-isolating any transfer should be delayed until the end of that 10 day period.

If the child is returning to their home and is well and there is no reason to believe that the child has come into contact with the virus then testing is not necessary. If there are others in the home who are clinically vulnerable or extremely vulnerable please follow the guidance on [Welsh Government website](#).

If the child is going to another residential home or foster care placement they should be tested in line with Welsh Government policy (see Q1 above).

5. Can children still be admitted to a residential facility for respite care?

While there is ongoing community transmission of the virus it is important to avoid contact with others as far as possible which includes visits or overnight stays in other households. This would mean that respite care is best avoided other than in exceptional circumstances. Where respite care is judged to be in the best interests of the child, the guidance in the document '[PHW Advisory Note - Use of PPE in Social Care Settings](#)' should be applied. Public Health Wales will be happy to discuss appropriate infection prevention and control measures to reduce the risk of transmitting the infection.

6. Do children who have a regular family visiting arrangement in place need to self-isolate when they return to the home?

Children who are not living with their family should be supported to maintain contact, in line with their care arrangements, in a similar way to children living with separated parents who are able to move between households when wider restrictions on household mixing are in place.

However, residential settings are different to households, they have staff who come and go and in some cases may be substantially larger and more complex. In all cases an individual risk assessment will be needed. This should consider:

- *The current situation in the residential home and the home they are visiting with respect to positive cases and/or isolation*
- *The alert levels in both localities*
- *Who else is in the residential home and whether any of them are clinically vulnerable*
- *Whether individuals within the family home are clinically vulnerable*
- *The degree of confidence in the adherence to personal protective behaviours in the family home and by the child*

If there is currently a positive case or cases and individuals are isolating then visits out should not normally take place until the period of isolation has ended. The same would apply to the home being visited; visits should not take place where there is a positive case or where individuals are isolating as contacts. Consideration should also be given to the alert level where in both locations, risk is greater for a visit from a low to high area in both directions.

The length and nature of the visit will need to be considered, an overnight stay of several days is a far greater risk than a visit for a couple of hours.

The risk assessment should consider whether any individual within the home is extremely clinically vulnerable, including staff. Where individuals are extremely clinically vulnerable steps will need to be taken to reduce the risk to them where a child or children has had an extended period of time away including overnight stays.

An element of isolation may be indicated, depending on the risk assessment as outlined in Q.2 above. While the home is responsible for the risk assessment, Public Health Wales or your local environmental health team can advise on interpretation. As with all situations in exceptional circumstances it may be necessary to deviate from the guidance and we would encourage residential homes to seek advice.