Guidance to Prevent COVID-19 and Manage Cases, Incidents & Outbreaks in Care Homes, Supported Living and Supported Accommodation Settings in Wales

INTERIM REVISION TO REFLECT CHANGES TO ALERT LEVEL ZERO

6 August 2021 Version 4.6
Contents

1 INTRODUCTION ................................................................. 5

2 PREVENTION – KEEPING YOUR SETTING CORONAVIRUS FREE........ 9
  2.1 Visitors to Residential Settings .................................................. 11
    2.1.1 Contact with families for children in residential settings .......... 11
    2.1.2 Supported Living and Supported Accommodation ................... 12
    2.1.3 Visitor Testing ..................................................................... 13
  2.2 Prevention and Early Intervention ............................................... 14
    2.2.1 Clinically vulnerable and extremely clinically vulnerable groups .. 14
    2.2.2 Be alert to signs and symptoms of infection ......................... 14

3 ADMISSION OR PLACEMENT OF INDIVIDUALS ......................... 15
  3.1 Admission to residential care from hospital ............................... 15
    3.1.1 Admission to a residential care from elsewhere .................... 15
  3.2 Placement of Children in Residential Settings or Foster Care or other
    Urgent Placements .................................................................. 16
  3.3 Supported living or supported accommodation .......................... 17

4 CARING FOR PEOPLE, DEPENDING ON THEIR COVID-19 STATUS .. 17
  4.1 COVID-19 positive individuals (PCR or Antigen Test) .................. 18
    4.1.1 Symptomatic residents in care homes, supported living or supported
          accommodation ................................................................. 18
    4.1.2 Testing residents ............................................................... 19
    4.1.3 Whole Home Testing ......................................................... 20
    4.1.4 Whole Home Testing in Ongoing Outbreaks ........................... 21
    4.1.5 Interpreting Testing Results .............................................. 21
  4.2 Reporting of COVID-19 cases .................................................... 23
  4.3 Providing care after death ......................................................... 24

5 ADVICE FOR STAFF ............................................................. 24
  5.1 Breaches of PPE when providing close personal care ................. 25
  5.2 Aerosol Generating Procedures ............................................... 25
5.3 Test, Trace and Protect (TTP) .......................................................... 26
5.4 Staff with Symptoms .................................................................... 27
5.5 Testing for Staff .......................................................................... 28
5.5.1 Whole Setting Testing as Part of a Regular Testing Programme .. 29
5.6 Agency and Bank Staff .................................................................. 30

6 INCIDENTS AND OUTBREAKS .......................................................... 31
6.1 Cases, incidents and outbreaks in residential settings for children ...... 33
6.2 Cases, incidents or outbreaks in supported accommodation and supported living settings ................................................................. 35
6.3 Communications ........................................................................... 35

7 SUPPORTING EXISTING RESIDENTS OF CARE HOMES THAT MAY REQUIRE MEDICAL CARE ......................................................... 36

8 ANNEXES ....................................................................................... 38
Previous revision history can be found at the end of the document

<table>
<thead>
<tr>
<th>Version</th>
<th>4.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication Date</td>
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<td>Public Health Wales, Guidance Cell</td>
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<td>GUI-001</td>
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Version 4.6 (06/08/21) includes the following changes:

Revisions to reflect the move to alert level zero in Wales as of 07/08/2021

Updated guidance on when an incident is declared and the requirement for homes to close:

- Single cases associated with homes should no longer trigger closure of the home
- The requirement to notify each individual case to EHOs has been removed
- Escalation to incident status to reflect standard principles as apply for all other infections (e.g. influenza) in these settings

References to social distancing requirements have been removed.

References to the requirements for hospital discharge now point to the WG guidance to ensure this does not become out of date in this document
## 1 Introduction

### NOTE ON INTERIM CHANGES AS OF 7 AUGUST 2021

With the move to alert level zero as of 07/08/2021 and the easing of restrictions across all sectors of society, it is important that this guidance is updated to reflect the changing risk context, legislation and updates to other guidance. Response to COVID-19 in care and residential settings needs to remain measured and proportionate.

It is our intent to undertake a full review of this guidance through a collaborative process to ensure it has the full support of the care sector and all agencies involved in responding to COVID-19.

We are however acutely aware that residents, staff and providers should not be disadvantaged whilst this review takes place. This interim guidance therefore highlights the key changes that apply as of 07/08/2021, predominantly relating to escalation to incident status, closure of homes, and triggering of whole home testing.

This public health guidance is intended for local authorities, Local Health Boards and providers of care homes or supported living/accommodation arrangements where people share communal facilities. Those working with, supporting and advising these settings should use this guidance as the basis for any advice you give to ensure consistency e.g. Public Health Wales staff, Primary Care Professionals.

The guidance signposts to other sources of advice and information using hyperlinks. If you are reading the document online or on a mobile device this will take you directly to the website or document. We have used this approach as guidance and policy is changing rapidly. **It is important that you regularly check these links, even if you print off a copy of this guidance, to see if they have been updated.**

This guidance is most likely to be of value to those who manage or own residential settings as well as those working to support them.
The Public Health Wales website contains a range of sources of information on infection prevention and control, including some dedicated information for social care.

Many of the links in this document will take you to UK Government or Public Health England guidance. In these cases this guidance applies equally in Wales. In some cases you may find reference to England only sources of information, for example on where to access PPE, in these cases please refer to the Welsh Government website for information applicable to Wales.

**Where does this guidance apply?**

The majority of this guidance can be applied across a range of settings including residential homes for adults and children and supported living facilities where 24 hour care is provided. The guidance can also be applied in part, to other settings such as retirement housing where there are communal facilities and additional care provided as well as other communal facilities such as those for people recovering from substance use, those experiencing mental health problems, the homeless and those seeking asylum. Table 1 sets out some of the differences in the application of this guidance in different settings.

Where the guidance may not apply equally across all settings this has been highlighted. In addition, where appropriate, distinction is made between the advice and guidance for settings caring for those who are clinically vulnerable or extremely clinically vulnerable (see section 2.2.1) and those caring for others including children.

**Table 1 Application of guidance in different supported accommodation settings**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential and nursing homes for older adults and those who are clinically vulnerable</td>
<td>The guidance in this document will apply in full to these settings. Where stated the advice for clinically vulnerable or extremely vulnerable groups will apply.</td>
</tr>
<tr>
<td>Residential care homes for children</td>
<td>The majority of guidance in this document will apply in most situations except the elements that relate to clinically vulnerable groups. The guidance does apply in relation to staff. It is recognised that children are less vulnerable to</td>
</tr>
<tr>
<td>Setting</td>
<td>Application</td>
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<tr>
<td>Severe disease</td>
<td>Specific control measures during an incident of outbreak may be applied differently on the advice of an EHO, Public Health Wales or a local incident management team (IMT), for example to enable children to return to school after an initial period of isolation. Where specific exceptions apply these have been highlighted throughout the document.</td>
</tr>
<tr>
<td>Supported living 24 hour</td>
<td>These facilities are typically very similar to a care home but are often smaller in size e.g. equivalent to a household. The guidance will apply in respect of measures relating to staff. Measures relating to residents/tenants will depend on the level of clinical vulnerability but for general preventative measures following the guidance that applies to individual households is most appropriate for smaller settings with communal facilities such as kitchen; living and dining rooms. During an incident or outbreak advice will be provided to the setting but following an initial period of isolation a relaxation in some control measures may be advised. It is recognised that the provider in these settings may not have the same degree of control or responsibility over what happens in the setting as in a care home.</td>
</tr>
<tr>
<td>Retirement facilities</td>
<td>Retirement facilities would apply elements of this guidance relating to the use of communal facilities e.g. when there are restrictions for the general population on indoor mixing in private households or during an outbreak at the setting on the advice of the IMT, EHO or Public Health Wales. It is recognised that the provider in these settings will not have the same degree of control or responsibility over what happens in the setting as in a care home outside of the communal areas. In extra care facilities where an element of ‘care’ may be provided by staff</td>
</tr>
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</table>
### When does this guidance apply?

This guidance provides information relating to the prevention of COVID-19 infection and information on how to respond to cases, clusters and outbreaks. The general advice on prevention should be followed when there is *sustained community transmission* either across Wales as a whole or in specific localities in response to a rise in cases and the population as a whole are asked to adopt and follow a range of preventive measures such as social distancing, hand and respiratory hygiene and limiting mixing inside. It also applies when there is an incident or outbreak in a particular setting.

<table>
<thead>
<tr>
<th>Setting</th>
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<tbody>
<tr>
<td>from within the setting or from an outside agency the measures set out in this guidance relating to staff should apply.</td>
<td></td>
</tr>
<tr>
<td>Supported Accommodation for vulnerable groups</td>
<td>These settings providing accommodation for individuals who are often vulnerable can be high risk settings for infectious disease transmission. Elements of this guidance relating to the use of communal facilities would apply e.g. when there are restrictions for the general population on indoor mixing in private households or during an outbreak at the setting on the advice of the IMT, EHO or Public Health Wales. It is recognised that the provider in these settings will not have the same degree of control or responsibility over what happens in the setting as in a care home outside of the communal areas.</td>
</tr>
</tbody>
</table>
It is important that those working with and in these settings check for the most up to date guidance and are particularly alert to local changes in response to clusters or localised outbreaks. In these circumstances you will be advised by your Local Environmental Health Team, Local Health Board or Public Health Wales about any action that you need to take.

This guidance may also change over time as a result of changes in the scientific advice and evidence which underpins it.

It recognises that those settings caring for those who are elderly and/or have long term health problems and those individuals working within them are particularly vulnerable to this infection and that shared living environments of different types enable the virus to easily spread. We want to support you to keep coronavirus out of your residential setting and when it does occur to act quickly to reduce the likelihood of further spread.

2  Prevention – Keeping your setting coronavirus free

The most effective way to prevent illness and death is to prevent the virus that causes COVID-19 entering a residential setting.

Local Authority Environmental Health Officers are working with Public Health Wales, Social Services and Health Boards to support residential settings in doing all that they can to reduce the risk of infection.

The guidance set out in this document should be followed whether you have people with suspected or confirmed COVID-19 infection or not. With the successful roll-out of the vaccination programme, many individuals within care homes for the elderly and clinically vulnerable groups along with staff working in social care settings have been vaccinated. It should be noted however, vaccination is not 100% effective and there is always an ongoing risk from new variants for which the current vaccines may be less effective.

Staff and other visitors to the setting will be the most likely source of the virus. You should be extra careful, particularly as general restrictions are eased. The following steps can help:
• All staff should be reminded to follow the Welsh Government guidance for self-isolation and household isolation as appropriate and instructed not to come to work if they have any symptoms or anyone in their household has symptoms.

• Advise staff to get a test as soon as they have symptoms, do not wait for the next regular test date. Do not use the portal for symptomatic tests, use the local community testing centres or specific testing for key workers.

• Staff travel to work should be considered carefully. Car sharing should be avoided wherever possible. Staff using public transport should use a face covering and ensure advice on hand hygiene, and respiratory etiquette is followed.

• Make sure all staff follow this advice including those working in support roles such as in kitchens, laundries, maintenance and administration.

• Regular handwashing, and respiratory etiquette (Catch it, Bin it, Kill it) are key measures to prevent spread of this infection in all settings. Adequate ventilation by opening windows or adjusting ventilation systems are also important.

In supported living and care homes:

• Monitor staff symptoms, including as part of handover of staff shifts. If staff become unwell whilst at work, they should immediately go home.

• Avoid using staff who are working in other residential or healthcare settings, wherever possible, to limit the spread of infection from one setting to another. If agency staff or bank staff are working in a setting with a COVID-19 outbreak they should inform the manager prior to attending for work in a setting with vulnerable (section 2.2.1) individuals.

• Staff should be trained in the correct use of Personal Protective Equipment (PPE), when to use it, how to use it and how to remove it safely with correct hand hygiene steps. See if your local authority or health board is providing training or advice on infection prevention or use some of the online advice and guides that are available (Putting on PPE for Care Homes; Taking Off PPE for Care Homes and COVID-19: Putting on and removing PPE a guide for Care Homes (Video))
• Risk assess visitors, in line with the current guidance at the time, in relation to the areas of the setting that they can access.
• In larger care homes, grouping or cohorting staff and residents can also help to reduce the likelihood of transmission by keeping the same group of staff and residents together. Where this is done effectively it can mean that if someone tests positive for COVID-19 restrictions may not need to be applied to the whole setting.

2.1 Visitors to Residential Settings

All non-essential visits to care homes were restricted during the initial pandemic period. Where there is an outbreak situation in a setting, restrictions on visitors will continue to be advised (Section 6). When visiting restrictions are in place; visits by close relatives at the end of life or for other compassionate reasons and in exceptional circumstances should be supported (Section 6).

Welsh Government Guidance has been produced for the care home sector and for supported living settings. These provide advice on facilitating visits safely and are regularly reviewed and updated, please check the Welsh Government website for the latest information.

Individuals who have symptoms of COVID-19, are self-isolating because of a positive test or because a member of their household has symptoms or because they are a close contact of a confirmed case or because they are in quarantine following return from overseas, must not visit in any setting until their period of isolation has ended whether wider visitor restrictions are in place or not.

Public Health Wales has produced additional guidance to support care homes in undertaking risk assessments for visiting into and out of a care home.

2.1.1 Contact with families for children in residential settings

Maintaining contact between a child and their immediate family is important following a placement in a residential setting in line with their care and support plan. Operational Guidance for Childrens Services has been produced by Welsh Government to support local authorities and providers
in managing continued support and service provision to care experienced children during this time, including contact arrangements.

Individuals who have symptoms of COVID-19, are self-isolating because of a positive test or because a member of their household has symptoms or because they are a close contact of a confirmed case must not visit until their period of isolation has ended whether wider restrictions on visiting are in place or not. Children should not visit a family home where a member of the household has symptoms or has tested positive or is isolating because they have been a contact of a confirmed case or as a returning traveller.

Visits by children to the family home as part of their care and support package should be supported. Guidance is available to assist with risk assessment including the need for isolation on return.

2.1.2 Supported Living and Supported Accommodation

These settings vary considerably from smaller establishments for individuals with a learning disability in which 24 hour care is provided to extra care housing for older people which includes an element of domiciliary care.

Those settings which operate on a day to day basis as a household should be aware of the potential risk to others living and working in that setting. While visiting may be permitted within the regulations, this does represent an additional risk. Settings should consider carefully visits into the setting and avoid multiple families or households visiting at once wherever possible. When tenants spend time with their family or friends, including overnight stays, the risk to other people living and working in the household should be carefully assessed on return. The risk assessment guidance produced for care homes can be used in these circumstances. Providers should work closely with tenants and families to ensure that an agreed approach can be developed that protects all of those involved and reduces the risk of transmission of the virus.

Extra care housing schemes for older people operate in the same way as individual private dwellings and people can have visitors within their own accommodation in line with the regulations for households.

Supported accommodation for vulnerable individuals should operate in line with the regulations for individual private dwellings in relation to individual tenants.
2.1.3 Visitor Testing

Welsh Government has introduced testing for visitors to care homes. The purpose of this testing programme is to add another layer of risk reduction to those already in place. Testing does not replace the need for any other measures e.g. handwashing, PPE and these must continue.

Settings should follow the guidance issued by Welsh Government.

These testing programmes will enable visiting, enabling residents to maintain and re-establish contact with their family. These programmes are primarily for residential care homes for the elderly but depending on the alert level at the time may be made available in other settings such as supported living and residential care homes for children. The [Coronavirus control plan for social care](#) provides information relating to testing at different alert levels.

The tests which are being used are different to those that are used for symptomatic testing and for routine staff testing through the care home portal and should not be used for those purposes. They are Lateral Flow Tests (LFT) and use a different technology. This has the advantage of providing a result relatively quickly, within 30 minutes, which means that visitors can be tested immediately prior to entering the home.

Welsh Government has provided care settings with instructions on the use of the tests and these should be followed carefully.

If a visitor tests **negative** they may proceed to visit the home following the arrangements that are in place.

If a visitor tests **positive** settings will be provided with PCR tests for the visitor to take a swab and return it for confirmatory testing. Depending on local area protocols visitors may also be advised to book a test at one of the local community testing centres.

The visitor should go home immediately and self-isolate along with their household contacts and await the result of the PCR test. If the PCR test result is negative then they may stop isolating. If the PCR test is positive then they should continue to self-isolate along with their household in line with the guidance.
2.2 Prevention and Early Intervention

Care providers and managers of settings should follow standard infection prevention precautions for everyone in the setting. This may mean thinking about how your setting works on a day-to-day basis.

2.2.1 Clinically vulnerable and extremely clinically vulnerable groups

The majority of residents in care settings for older people will be classed as clinically vulnerable or extremely clinically vulnerable and should follow the guidance throughout this document for these groups including when they have been vaccinated.

a) Anyone who falls under the category of extremely clinically vulnerable should follow the guidance to protect themselves and when infection rates are high may be advised to shield.

b) Anyone aged 70 years or over (regardless of medical conditions)

c) Anyone aged under 70 years with an underlying health condition, for example those who are eligible for the flu jab on medical grounds.

Residents and staff should also be up to date with their routine vaccinations particularly annual influenza and pneumococcal vaccination where indicated.

2.2.2 Be alert to signs and symptoms of infection

Residential Care homes for older people and those who fall into one of the clinically vulnerable or extremely clinically vulnerable groups should be alert to the symptoms of COVID-19 amongst residents and care home staff (Section 5). Remember that symptoms may be less clear among the clinically vulnerable and extremely clinically vulnerable groups with pre-existing health problems. Be on the lookout for any change in their wellbeing including respiratory symptoms, flu-like symptoms, new confusions, reduced mobility and diarrhoea.

There is no need for formal monitoring of symptoms in supported living, supported accommodation or in residential settings for children, although staff should be alert for these.

If you identify someone who may be symptomatic immediately isolate residents and send staff with symptoms home.
3 Admission or placement of individuals

This guidance sets out advice in relation to a range of scenarios that may be encountered by care settings and those who are working to support and advise them. Welsh Government policy and guidance should also be consulted for the most up to date position.

3.1 Admission to residential care from hospital

When there is a local cluster or outbreak, hospital settings are considered to be high risk and care should be taken when accepting an admission from a hospital.

The COVID-19 Hospital Discharge Service Requirements, including the Step-up & Step-down Care Arrangements, describes the 'Discharge to Recover then Assess Pathways', that should be followed working in partnership with the care home provider. It is important that infection, prevention and control is considered when planning transfers of care.

Welsh Government guidance requires Health Boards to test all individuals being discharged from hospital to a step-down or care home setting unless:

- They tested positive and were treated for COVID-19 during their hospital stay but more than 20 days have passed and they are well
- They have tested positive for COVID-19 within the last 90 days

As advised in Welsh Government guidance people will not be admitted to a care home if they are infectious.

For further information on hospital discharges see the Hospital discharge service requirements: COVID-19 | GOV.WALES

3.1.1 Admission to a residential care from elsewhere

Individuals may be placed or admitted to a residential setting from their own home or that of a relative, from another care setting or in the case of children from foster care.
Welsh Government policy is that all individuals should be tested prior to admission or placement unless they have previously tested positive within the last 90 days. Testing can be accessed through a home test kit; booking a test at a local community testing centre or via the Health Board.

If an individual tests positive for COVID-19 or has symptoms, placement or admission should be delayed for 10 days or (14 days for those in clinically vulnerable or extremely clinically vulnerable groups) or until symptoms have resolved whichever is the longer.

If individuals have been identified as a contact of a COVID-19 positive individual or someone with symptoms consistent with COVID-19 infection they should remain in household isolation in their current home until the end of the 14 day self-isolation period.

In the event of a clinically or extremely clinically vulnerable individual requiring admission without a test result e.g. in a situation where it was unsafe for them to remain at home. They should be admitted to an appropriate 'step-up' care facility that is able to provide appropriate isolation and they should be treated as a COVID-19 positive individual until the outcome of any test result is known.

Individuals do not require testing in advance of discharge from a residential setting back to their own home in the community unless they are in receipt of a social care package.

### 3.2 Placement of Children in Residential Settings or Foster Care or other Urgent Placements

In the event of an individual requiring admission without a test result e.g. in a situation where it was unsafe for them to remain at home. A risk assessment should be undertaken. Public Health Wales will provide specialist health protection advice, on request, to support a multi-agency risk assessment.

Where urgent or emergency placements of children and young people are made following a risk assessment, infection, prevention and control measures will need to be considered on a case by case basis. Further advice on managing infection, prevention and control has been produced to assist with this process.
3.3 **Supported living or supported accommodation**

Individuals moving into a supported accommodation or supported living facility where they will be sharing communal facilities including a lounge, kitchen, dining area or bathroom should arrange a PCR test where possible up to 72 hours in advance to protect those already living in the setting, unless they have tested positive for COVID-19 in the previous 90 days. If they test positive or they have been asked to isolate by a contact tracer or are a returning traveller who is required to quarantine they should isolate in their current accommodation or if this is not possible on arrival in their new home for 10 days in line with the guidance.

Where testing prior to placement in the setting is not possible the individual should be asked to self-isolate until a test can be taken to reduce the risk to other tenants and staff.

This does not apply to individuals moving into accommodation where they have their own private accommodation and communal facilities are limited to a lounge for occasional social activities and other facilities such as a laundry.

4 **Caring for people, depending on their COVID-19 status**

Residential settings such as care homes and supported living may be caring for individuals who are known or suspected to have COVID-19. This guidance provides advice on how to do this and minimise the risk to others.

Individuals living in supported accommodation should remain in their individual room/flat and not enter communal facilities until their period of isolation is ended and should be supported to do so.

*In this document where we refer to a COVID Positive individual or test we are referring to the PCR Test or Antigen Test. This is the test that is used to find out if someone currently has COVID-19 infection. This is different to the Antibody test which identifies if someone has had the infection in the past or the Lateral Flow Test*
4.1 COVID-19 positive individuals (PCR or Antigen Test)

If you are caring for a person who has tested positive for COVID-19, it is important that careful attention is given to preventing the spread of the infection by isolating those who are positive (ANNEX C), the use of appropriate PPE and infection prevention and control measures (ANNEX D, E & F).

If a resident or tenant has tested positive for COVID-19 you may be contacted as part of the Welsh Government Test Trace Protect programme. Where staff have followed guidance on the use of PPE they will not be classed as contacts of COVID positive residents. Further advice on who is considered a contact and isolation advice for contacts is included in ANNEX B and C.

Smaller residential settings, including supported living, such as those caring for individuals with a learning disability or children, can be treated as a household for the purposes of isolation under the Test Trace Protect programme. However, staff who are identified as a contact should isolate in their own home.

Those in clinically vulnerable or extremely clinically vulnerable groups should remain in isolation for 14 days or until symptoms resolve whichever is the longer, with at least 48 hours fever free without medication.

Younger adults and children should remain in isolation for 10 days or until symptoms resolve whichever is the longer, with at least 48 hours fever free without medication.

4.1.1 Symptomatic residents in care homes, supported living or supported accommodation

Any resident or tenant presenting with symptoms of COVID-19 (ANNEX A) should be promptly isolated (see ANNEX C for further detail), and separated in a single room with a separate bathroom, where possible. Contact the NHS

\[1\] A dry cough and loss of taste and smell may continue for some time. If these are the only remaining symptoms and the individual is otherwise 'well' then they may be cared for as normal.
111 COVID-19 service for clinical advice. If further clinical assessment is advised, contact their GP. If symptoms worsen during isolation or are no better after 10 days, contact their GP for further advice around escalation and to ensure person-centred decision making is followed. For a medical emergency dial 999.

Staff should immediately instigate infection control measures to care for the resident with symptoms, which will help prevent the virus spreading to other residents and staff within the setting. Testing for the symptomatic individual(s) should be arranged through the Health Board or community testing centre (ANNEX G), do not use the Care Home Testing Portal or the Lateral Flow Tests for this purpose.

Care home staff should note that people with dementia and cognitive impairment may be less able to report symptoms because of communication difficulties, and therefore staff should be alert to the presence of signs as well as symptoms of the virus. This could include delirium, which people with dementia are more prone to suffer from if they develop an infection.

For people with a learning disability, autism, mental health problem or dementia we suggest that you read this guidance which has information about the additional things to do if you are caring for this group of people.

4.1.2 Testing residents

As testing capacity has increased, the government has offered more comprehensive testing to the social care sector and further details of testing available and how to access testing can be found on the Welsh Government website here.

This section relates to the PCR Test or antigen test which is used to test whether an individual has the virus. This is different from the 'antibody' test which tells someone whether they have had the virus in the past or the LFD test which is used for asymptomatic testing for staff and visitors to care homes; for older school children and in some workplaces.

Except where 'whole home testing' is being undertaken (see below) PCR testing should only take place for individuals who are symptomatic. Testing for symptomatic individuals will be provided by the relevant Health Board, according to local protocol for swabbing and testing (ANNEX G). The priority will be to arrange swabbing for new symptomatic individuals in residential
settings which do not currently have an incident or outbreak. This will help to confirm the existence of the virus and ensure rapid control measures are implemented.

Health Boards are also responsible for providing the results for individuals tested.

4.1.3 Whole Home Testing

Whole home testing involves testing all staff and residents at a single setting in a short space of time, preferably within 24 hours. It may be available in a range of different circumstances as set out below and availability will be determined by Welsh Government testing policy. Whole home testing is most commonly offered in settings for clinically vulnerable and extremely clinically vulnerable adults and may be offered to staff and residents or just to staff.

Whole home testing should form part of the risk assessment when there is concern about transmission. A single case associated with the setting should not normally trigger whole home testing.

Testing is an important way of managing the spread of COVID-19, particularly where there is evidence of infection in a setting. The normal principles regarding consent for medical testing and treatment should be applied. No blanket decisions to refuse testing should be made on behalf of people. If people do not have the capacity, individual best interest decisions should be made in line with the Mental Capacity Act.

Settings will be informed of the results of testing by the Health Board. The Health Board will also inform Public Health Wales and the Local Authority of the results who will provide further advice on infection prevention and control. There will be close monitoring and where further testing will aid outbreak control. Public Health Wales will request the Health Board to carry this out.

If other people in the setting develop symptoms they should also be tested through the local community testing centre or via the local arrangements agreed for care home residents, although this does not change the management of the incident.
4.1.4 Whole Home Testing in Ongoing Outbreaks

If an outbreak already exists in a setting, there is a need to assume that transmission has occurred and act accordingly. In these settings infection prevention and control measures including isolation, use of PPE and enhanced cleaning should be continued.

Whole home testing may be undertaken in established incidents or outbreaks where Public Health Wales, the local Environmental Health Team and the Health Board feel that this will assist in bringing the outbreak under control.

In this situation testing should only be carried out on those individuals who have previously tested negative. Individuals who have tested positive during the initial whole home testing at the onset of the incident should not be retested. Individuals who have tested positive should not be retested for 90 days.

During an ongoing incident the multi-agency team or Public Health Wales may recommend outbreak testing using LFD. This will involve daily testing for a period of time, usually 7 days, until there have been no new positive tests for five days.

4.1.5 Interpreting Testing Results

Information on interpreting test results for staff is included in Section 5.5.

Residents testing positive

Where whole home testing takes place this will mean that people who do not have symptoms will be tested and it is possible that some of these will be COVID-19 positive. In this situation follow the guidance for a COVID-19 positive individual and count the period of isolation from the date of the test.

- Clinically vulnerable and extremely clinically vulnerable groups should isolate for 14 days. If they subsequently develop symptoms within the 14 day isolation period you should start counting the 14 days again from the date of onset of symptoms.
- Individuals who are not in a clinically vulnerable or extremely clinically vulnerable group should isolate for 10 days. If they develop
symptoms during that 10 day period they should start counting again from the date that symptoms develop.

Individuals who have previously tested positive, within the last 90 days, and have recovered, should not be retested unless they develop symptoms. In some situations individuals who have tested positive some time previously will test positive again, even after 90 days. Advice on how to interpret these tests will be provided by the Health Board or Public Health Wales or your Environmental Health Officer and will depend on a number of factors. Confirmation that the result should be treated as a confirmed positive should be established by an individual review, including through retesting where appropriate, before wider control measures are implemented. Guidance on investigating possible reinfection is available and should be discussed with the Consultant in Health Protection or CCDC when reinfection is considered a possibility. While investigation is ongoing the individual who has tested positive should remain in isolation.

**Residents Testing Negative**

Negative test results for COVID-19 will need to be interpreted carefully and you may need to seek advice from Public Health Wales or your Health Board to do this. A negative test result does not mean that an individual does not have COVID-19.

- Those who are clinically vulnerable or extremely vulnerable and were symptomatic (fever, new continuous cough or loss of sense of taste or smell) when tested should remain in isolation for 14 days or until the symptoms resolve whichever is the longer, even if they test negative. This is as a precaution because of the vulnerable nature of the residents.
- Individuals who are not in a clinically vulnerable or extremely clinically vulnerable group and had symptoms when they were tested should remain in isolation until the symptoms resolve. If they are then well they may be cared for as normal.

Individuals who test negative and do not have symptoms may continue as normal.
4.2 Reporting of COVID-19 cases

If you are caring for person who has tested positive for COVID-19, it is important that careful attention is given to preventing the spread of the infection by isolating the case.

Those who are vulnerable or clinically vulnerable should remain in isolation for 14 days or until symptoms resolve whichever is the longer, with at least 48 hours fever free without medication.

Younger adults and children should remain in isolation for 10 days or until symptoms resolve whichever is the longer, with at least 48 hours fever free without medication.

On identification of a positive case the care setting should:

- Ensure Infection control measures are put in place and reviewed.
- Staff have been fully briefed on the care required for the COVID positive person.
- Increase monitoring of residents health within the setting
- Notify CIW of the case
- Restrict the number of visitors per resident for 14 days from the date of onset of symptoms or test. (Please refer to the WAG visitors guidance)
- Ensure that any returning or new admissions due to come into the setting are risk assessed.
- Staff are to continue with routine weekly testing
- A deep clean should be undertaken within the setting Display signs to inform of the outbreak and infection control measures.
- Provide ‘warn and inform’ letters to residents/tenants, visitors and staff if there is a suspected case or confirmed case of COVID-19

Where more than one case is notified additional measures will be advised and the setting will be considered to have an 'outbreak'. In this situation the setting will receive advice and support in line with the principles of the Communicable Disease Outbreak Plan for Wales (2020) (Section 6).

Follow the control measures advised by Public Health Wales or your Local Environmental Health Team. These are critical to bring the outbreak under control and limit the spread of infection (see Section 6).


4.3 Providing care after death

The infection control precautions described in this document continue to apply whilst an individual who has died remains in the care home. This is due to the ongoing risk of infectious transmission via contact, although the risk is usually lower than for those living.

Further information can be found here.

5 Advice for staff

The need for personal protective equipment (PPE) will depend on the setting and the care that is provided. The PPE that must be worn when providing close personal care while there is ongoing spread of the virus in the community is described here. Currently, this advises that PPE should be used at all times irrespective of whether there are positive individuals in the setting or whether individuals have been vaccinated.

Individuals working in supported accommodation or other settings where close personal care is provided should follow the guidance for these settings and those for employers and workers in the relevant setting.

There should be an individual risk assessment for all staff. Staff who are in a clinically vulnerable or extremely clinically vulnerable group should be carefully assessed when assigning duties. Where a possible or confirmed COVID-19 case is present in a setting, efforts should be made to cohort staff caring for that person and those identified as high risk should not care for those individuals wherever possible. Further guidance can be found in on the link above.

- Review sick leave policies and occupational health support for care home staff and support unwell staff to stay at home as per Public Health guidance. Support for employers is available here.

- Women who are pregnant should seek advice and follow relevant guidance

- Ensure staff are provided with adequate training and support to continue providing care to all residents.

- All care homes and supported living facilities should have a business continuity policy in place including a plan for surge capacity for
staffing, including volunteers. Only in exceptional circumstances, following discussion with the Local Authority EHO or Public Health Wales should staff who have tested positive remain in the setting. Staff who have been identified by TTP as close contacts should self-isolate at home and not at the setting.

5.1 Breaches of PPE when providing close personal care

In some circumstances staff may be wearing PPE as recommended but that PPE is breached. Any staff member who feels their PPE has been breached should immediately notify their line manager.

In assessing whether a member of staff has had a breach of PPE, a risk assessment should be undertaken, taking account of this guidance and any local Infection Prevention and Control Policy. A risk assessment will consider the following factors:

- The severity of the resident’s symptoms.
- The length of exposure (how much time was spent with the resident when the PPE was breached).
- How close the member of staff was to the resident.
- The nature of the care being provided e.g. monitoring; close personal care or performing and Aerosol Generating Procedure (see below).
- Whether the member of staff had their eyes, nose or mouth exposed.

If the risk assessment concludes that has been a significant breach, or close contact without PPE, the worker should remain off work for 10 days. Public Health Wales, your Local Environmental Health Team or your local Health Board can provide advice and guidance to assist you with a risk assessment.

These common situations are unlikely to be considered a breach:

- Not wearing gloves for a short period of time or the gloves tore but the member of staff immediately washed their hands.
- A torn apron while caring for a resident which is promptly replaced.

5.2 Aerosol Generating Procedures

If you are caring for individuals who use devices which generate aerosol (AGP) additional protection is required. Aerosol generating procedures (AGP) may include:
• Caring for patients with a tracheotomy or tracheostomy procedures (e.g. open suctioning)

• Non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)

• High Frequency Oscillatory Ventilation (HFOV)

Additional advice on the use of PPE in these circumstances is available here. You should seek advice from Public Health Wales or your Local Health Board if you believe you undertake these procedures.

5.3 Test, Trace and Protect (TTP)

Under the Test Trace Protect Programme (TTP), anyone who has had a specific 'close contact' with someone who tests positive for COVID-19 will be expected to isolate themselves for 10 days or for 10 days from developing symptoms of COVID-19. Broadly, a 'close contact' is spending 15 minutes or more within 2 metres of an infected person, very close specified personal interaction for a shorter period of time or someone that has lived within the same household during a period of potential risk of transmission. More detailed definitions of close contact for staff and residents in care homes are provided at ANNEX B.

If someone who tests positive for COVID-19 works in, or has recently visited, a care home or supported accommodation setting where tenants share facilities such as kitchen, dining and living room or bathrooms, the case will be referred to the relevant regional team who will liaise with the setting.

If anyone who has tested positive for COVID-19 identifies a member of staff as a close recent contact i.e. as the result of a contact outside of the workplace; and the TTP service notifies that member of staff, they should self-isolate for 10 days in line with the standard guidance.

For staff it is helpful to distinguish between three potential situations where 'close contact' occurs:

• A staff member who has been caring for a person who has tested positive for COVID-19 or who has symptoms of COVID-19 while the staff member was wearing recommended PPE. **Staff will not need**
to isolate in these cases, these cases will be escalated to the regional team for further advice if needed.

- A staff member who has been caring for a person who has tested positive for COVID-19 or who has symptoms of COVID-19 while the staff member was wearing recommended PPE but the PPE has been breached. The staff member will need to isolate for 10 days in line with the advice to the general population (see advice above for examples of PPE breaches (Section 5.1)).
- A staff member who has been in contact with anyone else who has tested positive for COVID-19 whether at work (most likely a colleague in communal areas) or in the community. The member of staff will need to isolate for 10 days in line with the advice to the general population.

5.4 Staff with Symptoms

For staff who have COVID-19 symptoms, they should:

- Not attend work
- Notify their line manager immediately and go home immediately if they develop symptoms while on duty.
- Self-isolate for 10 days, following the guidance for self-isolation and Guidance on management of exposed heath and care workers. Section 5.5 Staff Testing provides further advice.
- Staff who have a symptomatic household member should stay at home and not leave the house for 10 days from the date the first person became symptomatic. If the staff member goes on to develop symptoms during this period, they can return to work on day 11 after their symptoms started as long as their symptoms have resolved (other than a dry cough and loss of taste or smell) and they have been without fever for at least 48 hours (without medication). Further guidance is available here.
- If symptomatic household members all test negative, the member of staff can return to work if they are well.
- Symptomatic staff who have not been tested can only return to work when:
o At least 10 days have passed from the onset of symptoms, symptoms have resolved and they feel well and have not had a fever without medication (e.g. paracetamol) for 48 hours

o If a cough or a loss of or a change in normal sense of smell or taste is the only persistent symptom after 10 days (and they have not had a fever for 48 hours without medication), they can return to work on day 11.

Where providers consider there to be imminent risks to the continuity of care, such as the inability to provide adequate staff, they should raise this with the local authority and Care Inspectorate Wales without delay.

5.5 Testing for Staff

Arrangements have been made to test symptomatic staff through the local health board community testing facilities. Details of how to contact the Health Board to arrange testing are included in ANNEX G or you can follow the advice on the Welsh Government website. Staff should be tested as soon as they develop symptoms and preferably within 5 days or less of onset of symptoms.

If staff have a positive test result:

Self-Isolate

The individual and their whole household must self-isolate at home in line with the Welsh Government self-isolation guidance.

To reduce the risk of passing on the infection to other household members they should take actions as outlined in the guidance.

Return to Work – on day 11 if:

- On day 11 after the onset of symptoms as long as you do not have a raised temperature (without taking anti-fever medications such as paracetamol, etc.) for the last 48 hours.

- If by day 11, you have not had a raised temperature for 48 hours (without medication), and your only symptom is a persistent cough or loss of taste or smell, you can still return to work (post-viral cough is known to persist for several weeks in some cases).
Household members are to self-isolate for 10 days from your symptom onset date; if they subsequently develop symptoms themselves, they must self-isolate for at least 10 days from their symptom onset. Further details are available in the Welsh Government self-isolation guidance.

If the ill person in the household is not showing signs of improvement after 7 days and has not already sought medical advice, visit the NHS Direct Wales website or call NHS 111. If it is a medical emergency, call 999.

If staff test negative

Staff who test negative for COVID-19 can return to work if they are medically fit to do so, as long as they have not been identified as a close contact of a confirmed case. Interpret negative results with care, particularly if they have symptoms strongly consistent with COVID-19.

This website provides some useful flow charts to help identify when it is safe to return to work.

5.5.1 Whole Setting Testing as Part of a Regular Testing Programme

Regular staff testing has been available to residential settings caring for the elderly in Wales for some months through the Care Home Portal and through the use of LFD. The frequency of testing has varied depending on the level of infection in the community and will be kept under review.

When LFD tests are positive a PCR test is recommended within 24 hours, this test is helpful in identifying the exact strain of the virus. Guidance is available to assist in interpreting PCR and LFD tests in ANNEX J. When a PCR test is not undertaken or is not taken within 24 hours of the LFD test, the individual should isolate for 10 days on the basis of the LFD test result.

Where staff have previously tested positive and do not have symptoms they should not be tested again within 90 days, regardless of the reason for testing taking place. If they are inadvertently retested, the result may be positive as we know that individuals can continue to test positive for some time after they have recovered. Where individuals were initially tested positive within the last 90 days and they do not have symptoms the result should be discussed with Public Health Wales or the Health Board or EHO for an individual review. Where the risk assessment identifies that the positive test result was from historic infection and the individual is no longer
infectious it can be discarded. They do not need to self-isolate and the result will not be counted for determining the end or start of an outbreak.

When there is widespread infection in the community or other cases associated with the setting, 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. Where this occurs and the member of staff is asymptomatic a risk assessment should be undertaken. This may include a retest, consideration of vaccination status and discussion with a microbiologist. While waiting for the outcome of the review the individual should remain in isolation and be treated as a true positive.

5.6 Agency and Bank Staff

Since the beginning of the pandemic we know that most care providers have been taking steps to minimise the movement of workforce in order to reduce the risk of asymptomatic transmission of the virus between members of staff and between staff and residents. These steps have been taken on top of, not instead of, appropriate use of PPE.

Given the evidence of the prevalence of asymptomatic transmission, Public Health Wales strongly recommends that care homes caring for the extremely clinically vulnerable and clinically vulnerable do all they can to restrict staff movement wherever feasible and particularly during periods of rising or high levels of infection in the community. The checklist below sets out the actions that providers should consider taking if they have not already done so. Not all of these actions will be possible or appropriate for every provider but, when taken in combination, will help reduce the risk of outbreaks in homes and slow the spread of the virus.

- Ensure that members of staff work in only one setting wherever possible. This includes staff who work for one employer across several settings, or members of staff that work on a part-time basis for multiple employers.
- Extend these restrictions to agency staff, under the general principle that the fewer settings members of staff work in, the better.
- Plan ahead when levels of infection are high taking learning from the recent experience, think about how additional staff may be recruited
and build relationships with agency providers to ensure a more consistent availability of staff.

- During an outbreak or incident agency or bank staff who have worked in the setting must immediately inform all other health and care settings that they may have worked in within the last 14 days.
- Care staff working in settings with an ongoing outbreak should not also work in settings unaffected by COVID-19 until the outbreak is over.
- Ensure that agency and bank staff participate in any whole home testing and regular testing programme in line with the guidance for that setting.
- Health Boards should ensure that access to testing is facilitated for agency and bank staff working in the local health, care and supported accommodation sector.

6 Incidents and Outbreaks

Confirmed cases of COVID-19 among staff or residents should also be notified to Care Inspectorate Wales.

The care setting does not need to report a single positive case identified in their setting to their local Environmental Health team unless specific advice is required.

Where more than one case is identified within a 14 day period, this should be reported to the local Environmental Health Team. Additional measures will be advised and the setting will be considered to have an active 'incident'.

The relevant information will be collated from the setting by the Environmental Health team who will then assess the next steps that are required based on the information provided by the care setting, and discuss with PHW where required. The control measures that will be agreed are to bring the incident under control and limit the spread of infection.

In the event of an outbreak you may be asked to:

- Advise relatives and essential visitors to the home that there is a COVID-19 incident at the setting (Section 6.2).
- Participate in whole home testing and ensure that all residents and staff are tested
• Stop taking new admissions to the setting while the outbreak or incident is ongoing, other than in exceptional circumstances.

• Ensure residents do not leave the home other than for essential reasons e.g. hospital visits.

• Not allow visits to the home, including outdoor visits and visits using dedicated visitor pods, other than in exceptional circumstances. Window visits where feasible are permitted as long as the visitor and the resident can maintain a safe distance with the window open. Closed window visits can take place at any time as long as they can be accommodated by the home.

• Minimise contact between residents – for example reduce the use or stop using communal facilities or postpone social events. This will depend on the specific situation within each setting and will be risk assessed.

• Advise staff who may work in other settings which are not affected by COVID-19 to avoid working in those settings while the incident or outbreak is ongoing.

• Where visits are essential, e.g. visits by healthcare staff or those undertaking urgent maintenance related to safety or repairs, these individuals should follow the recommendations including use of PPE.

• Visits by close relatives at the end of life should be supported. These visits should be carefully managed, should be for no more than two people at a time and those visiting should use PPE. Individuals who have symptoms of COVID-19, are self-isolating because of a positive test or because a member of their household has symptoms or because they are a close contact of a confirmed case or because they have returned from a country not on the exempt list, must not visit until their period of isolation has ended.

An outbreak in a residential care home for older people or other clinically vulnerable groups, will be declared over when the following conditions are met:

• The setting has had no new positive cases or symptomatic individuals for 28 days

OR
The setting has had no new positive cases or symptomatic individual for 14 days from the onset of symptoms in the last case and
Whole Home Testing has been undertaken after 14 days and all results are returned negative. It is important to ensure that all staff and residents are tested and
There are no further cases or symptomatic individuals at day 20 following the onset of symptoms in the last case.

You will be advised by Public Health Wales or your Local Environmental Health Team when an outbreak has ended.

In some circumstances, where there are ongoing outbreaks in a setting, it may be possible to isolate one section of the setting e.g. a separate wing or building. In these circumstances relaxation of some of the control measures may be possible, based on an individual risk assessment. A risk assessment should be undertaken on a multi-agency basis including Public Health Wales Health Protection Team or the Local Environmental Health Team.

6.1 Cases, incidents and outbreaks in residential settings for children

Residential settings for children vary considerably in their size, complexity and scope. While in general children are less at risk from the infection than older adults, some children may be vulnerable due to pre-existing health conditions.

Staff working in residential settings for children also need to be protected from infection in the same way as workers in other settings. Limiting the spread of infection among staff is critical to ensure that safe levels of staffing can be maintained in these settings.

When an individual associated with a residential setting for children tests positive, a risk assessment will be undertaken by either Public Health Wales or your local Environmental Health Team. Based on that risk assessment the setting will be advised on the specific control measures that will apply, for example in a small residential home a period of 10 days isolation may be advised. Guidance on settings for children is available here.
Where two or more cases are identified linked to a setting within 14 days it will be considered to have an outbreak and the provisions outlined in 6.1 above will apply.

Complex residential settings for children such as residential schools will be subject to a risk assessment and control measures will be advised by the Consultant in Health Protection/CCDC.

The management of infection in settings for children will need to balance the risk of transmission within the setting, to staff and the wider community and the need to ensure that children in these settings are not prevented from attending school and other activities compared to children living in their family home.

A risk assessed approach to these settings is designed to allow a removal of some of the control measures after an initial period of 10 days isolation, where whole home testing has revealed no new positive cases. This will enable children to return to school and some other activities while other control measures may remain in place.

An outbreak in a residential setting for children will be declared over when the following conditions are met:

- The setting has had no new positive cases or symptomatic individuals for 28 days

  **OR**

- The setting has had no new positive cases or symptomatic individual for 10 days from the onset of symptoms in the last case and
- Whole Home Testing has been undertaken after 10 days and all results are returned negative. It is important to ensure that all staff and residents are tested and
- There are no further cases or symptomatic individuals at day 20 following the onset of symptoms in the last case.
6.2 Cases, incidents or outbreaks in supported accommodation and supported living settings

Supported living settings that provide 24 hour care and residents live as in a household sharing kitchen, eating and living spaces and/or bathrooms will be managed in the same way as a residential care home. However, after 10 days isolation a second round of whole home testing should be undertaken. If the results of these tests are all negative then some of the restrictions can be released to allow residents to participate in regular activities. A restriction on visiting into the setting may continue to be advised until the incident has ended and visiting in the homes or with extended households should be carefully risk assessed.

Supported accommodation settings with shared kitchens, bathrooms and living spaces such as hostels for homeless people, those recovering from drug or alcohol use and those released from prison are also relatively high risk for the transmission of infection. Incidents in these settings will also follow the general guidance but a more bespoke risk assessed approach will be taken and settings will be advised by an EHO or Public Health Wales.

Supported accommodation settings such as extra-care housing schemes for older people will not be managed in the same way as individuals live within self-contained accommodation. When there is a positive case linked to the setting in the last 10 days advice may be given on the cessation of communal activities in discussion with the setting and following an identification of close contacts by the TTP team, if no other tenants or staff are identified as close contacts then additional controls in the setting will not be needed. Whole setting testing will not normally be undertaken unless there is a cluster of cases. Where control measures have been implemented they will normally be released after 28 days if there are no new cases or symptomatic individuals.

6.3 Communications

- Display signs to inform of the outbreak and infection control measures.

- Provide ‘warn and inform’ letters to residents/tenants, visitors and staff if there is a suspected case of COVID-19 in a care home or supported living or accommodation setting where people share
Guidance to prevent COVID-19 and manage cases, incidents & outbreaks in care homes and supported accommodation settings in Wales

communal facilities including kitchen, dining and living room or bathroom.

- Although Public Health Wales, the Health Board or the Local Authority will provide public health advice in response to an outbreak (including potential closure to new admissions), the care home management has the final responsibility to communicate information, including to staff and visitors and to implement infection control recommendations and any advice on closure to admissions from Public Health Wales. The care home has the primary responsibility for the safety of its staff and residents.

7 Supporting existing residents of care homes that may require medical care

The Welsh Government has introduced a new enhanced service to support residential care homes during COVID-19. All residents in care homes will be covered by this scheme. Health Boards are responsible for making arrangements for a local GP Practice or group of practices to provide proactive care and support. Further information is available [here](#).

If you become concerned about the health of one of your residents do not delay seeking advice from NHS 111, their GP or 999 depending on the urgency. A COVID-19 test is not required.

If hospitalisation is required

If you think one of your residents may need to be transferred to hospital for urgent and essential treatment, consider the following checklist:

If a resident shows symptoms of COVID-19 or has tested positive for COVID-19 in the last 14 days or has been identified as a contact of a confirmed positive case and is still in the 14 day isolation period:

- Inform the Welsh Ambulance Service and the receiving healthcare facility that the incoming patient has COVID-19 symptoms.
- Follow Infection Prevention and Control guidelines for patient transport as advised by the Ambulance Service.

Attending hospital for routine outpatient care or treatment
Health Boards are required to make arrangements for the segregation of COVID-19 and non-COVID-19 patients, including attending accident and emergency centres.

During periods of sustained community transmission or where there is a local outbreak of COVID-19

- Review and postpone all non-essential appointments (medical and non-medical) that would involve residents visiting the hospital or other health care facilities.
- If medical advice is needed to manage routine care, consider arranging this remotely via a phone call with the GP or named clinician.

There will be circumstances where it is necessary for a resident to attend a hospital for outpatient appointment that cannot be deferred or delayed. It is important that residents continue to receive necessary healthcare and treatment.

Where a resident has attended for a routine appointment in a ‘green’ or COVID-free area of a hospital, there is no requirement for isolation when they return to the care setting.

**Attending hospital accident and emergency departments**

Where a resident has been assessed in a setting reserved for non-COVID-19 suspected patients they may return to the residential setting and will not need to be isolated. Where a resident has been assessed or treated in an environment where COVID-19 patients were also being treated or where this is unknown there may be a need for isolation on return to the care setting. Please seek appropriate advice from the hospital or Public Health Wales.
8    ANNEXES

Annex A: COVID-19 symptoms and higher risk groups

Symptoms of COVID-19 (Coronavirus) are recent onset of:

- new continuous cough and/or
- high temperature and/or
- a loss of, or change in, normal sense of taste or smell (anosmia)

Care home residents (both older residents and younger ones living with a learning disability or autism) may not present with the typical symptoms of a cough or fever and may not be able to report a loss of taste or smell. It is important to assess residents twice daily for the development of high temperature (37.8°C or above), a cough, as well as for softer signs i.e. being short of breath, being not alert, having a new onset of confusion, being off food, having a reduced fluid intake, diarrhoea or vomiting. Remember they may not always develop fever.

Persons at higher risk of COVID-19 in residential care settings

The following individuals are at an increased risk of severe illness from coronavirus (COVID-19). Care home providers should be stringent in following social distancing measures for everyone in the care home. Advice on how to protect yourself and others from coronavirus can be found on the Welsh Government [website](https://www.gov.wales).

a. Anyone who falls under the category of extremely clinically vulnerable should follow the [guidance](https://www.gov.wales) for this group and may at times be advised to Shield, for example when infection rates are high or when this is an outbreak. The guidance identifies those who are considered to be extremely clinically vulnerable.

b. Anyone aged 70 years or older (regardless of medical conditions) should follow social distancing guidance for the clinically vulnerable.

c. Anyone aged under 70 years with an underlying health condition – for most this will align with eligibility for the flu jab on medical grounds – should follow social distancing guidance for the clinically vulnerable.
Annex B: Definitions of COVID-19 cases and contacts

A 'contact' is a person who has been close to someone who has tested positive for coronavirus (COVID-19) anytime from 2 days before the person was symptomatic (or the test was taken for those without symptoms) up to 10 days from onset of symptoms (from the date of the test for those without symptoms) as this is when they are most likely to be infectious to others. Further advice for staff is contained in Section 5 of this guidance.

- **Possible case of COVID-19** in the residential setting: Any resident (or staff member) with symptoms of COVID-19 (high temperature or new continuous cough, loss of taste or smell or symptoms outlined in Annex A).

- **Confirmed case of COVID-19**: Any resident (or staff member) with laboratory confirmed diagnosis of COVID-19

- **Resident/tenant contacts**: Any resident or tenant that meets one of the following criteria:
  - lives in the same unit or floor as a confirmed case (e.g. share the same communal areas).
  - has had face-to-face contact (within one metre) or a confirmed case, including being coughed on, having face-to-face conversation, or having skin to skin physical contact
  - has had any contact within one metre for one minute or longer with a confirmed case without face-to-face contact
  - has spent more than 15 minutes within 2 metres of a confirmed case.

- **Staff contacts**: Any member of staff that has had the following contact while not wearing appropriate PPE or who had had a breach of PPE (Section 5.1)
• has had face-to-face contact (within one metre) of a confirmed case, including being coughed on, having face-to-face conversation, or having skin-to-skin physical contact

or

• has had any contact within one metre for one minute or longer with a confirmed case, without face-to-face contact

or

• has been notified that they are a contact of a co-worker who has been confirmed as a COVID-19 case

• **Outbreak:** An outbreak is defined as two or more confirmed cases of COVID-19 or clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days.

NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment of the incident.
Annex C: Isolation of COVID-19 symptomatic residents

Isolation of residents

a. Single case - Isolation of a symptomatic resident or tenant:

- In settings caring for the clinically vulnerable and extremely clinically vulnerable (Section 2.2.1) all symptomatic residents, should be immediately isolated for 14 days from onset of symptoms or positive test result when available and until their fever has resolved for 48 hours consecutively without medication to reduce their fever.

- In settings caring for younger adults and children and those who are not clinically vulnerable or extremely clinically vulnerable; the period of isolation should be for 10 days from onset of symptoms or positive test result and until their fever has resolved for 48 hours consecutively without medication to reduce their fever.

b. More than one case - Cohorting of all symptomatic residents in a care home:

Cohorting involves grouping individuals together who have tested positive for the same infection or in some cases are suspected of having an infection or who are known to be free of infection. This can be in a shared room, in groups of rooms or in a dedicated area such as a floor or a wing of a larger building. This process separates those with infection from those without and also enables dedicated staffing to be provided which limits the risk of infection transferring from one group to the other.

- Symptomatic residents should be isolated in single occupancy rooms.

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2 The 10 days isolation period usually applies but care home residents are a particularly vulnerable group and their immune response may differ from younger normally healthier individuals. Therefore, a 14-day period of isolation is recommended for residents in care. Where the setting cares for younger adults or children not in a clinically vulnerable group then the 10 day isolation period applies.
• Residents with confirmed COVID-19 may be cohorted together in a shared room or in a defined area e.g. floor, of the setting and cared for ideally by dedicated staff

• Residents with suspected COVID-19 should not be cared for or grouped with residents with confirmed COVID-19.

• Do not cohort suspected or confirmed patients next to immunocompromised residents.

• When transferring symptomatic residents between rooms, the resident should wear a surgical face mask.

• Clearly sign the rooms by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room.

**Isolation and cohorting of contacts:**

Careful risk assessment of the duration and nature of contact should be carried out, to put in place measures such as isolation and cohorting of exposed and unexposed residents. Please refer to the definition of contacts in *Annex B*. There are broadly three types of isolation measures:

- **Isolation of contacts individually in single rooms for 14 days after last exposure to a possible or confirmed case:** This should be the preferred option where possible. Younger adults and children who are not clinically vulnerable should isolate for 10 days. These contacts should be carefully monitored for any symptoms of COVID-19 during the 14-day period as described earlier.

- **Cohorting of contacts within one unit rather than individually:** Consider this option, in exceptional circumstances, if isolation in single rooms is not possible due to shortage of single rooms when large numbers of exposed contacts are involved. This option will also be appropriate in smaller residential settings which should be treated as a household and all residents isolated for 14 days (if clinically vulnerable or over 70 years of age) or 10 days for younger adults and children.

- **Protective cohorting of unexposed residents:** Residents who have not had any exposure to the symptomatic case can be cohorted
separately in another unit within the home away from the cases and exposed contacts.

- Extremely clinically vulnerable residents should be in a single room and not share bathrooms with other residents.
Annex D: Infection Prevention and Control (IPC) Measures

Care homes, supported living and accommodation for individuals sharing communal facilities such as kitchen, dining and living room or bathrooms are not expected to have dedicated isolation facilities for people living in the setting but should implement isolation precautions when someone displays symptoms of COVID-19 in the same way that they would operate if an individual had influenza or diarrhoea and vomiting, following the following precautions:

- If isolation is needed, a resident or tenants own room can be used. Ideally the room should be a single bedroom with en-suite facilities. Where this is not available, a dedicated bathroom near to the person’s bedroom should be identified for their use only. Where this is not possible arrangements should be made for enhanced cleaning after use by a COVID positive individual.

- Protective Personal Equipment (PPE) should be used when within 2 metres of a resident with possible or confirmed COVID-19. Guidance on PPE can be accessed here and in the document PHW Advisory Note -Use of Personal Protective Equipment (PPE) in Social Care Settings (Care Homes and Domiciliary Care)

- Display signage to prevent unnecessary entry into the isolation room. Confidentiality must be maintained.

- Room door(s) should be kept closed where possible and safe to do so. Where this is not possible ensure the bed is moved to the furthest safe point in the room to try and achieve a 2 metres distance to the open door as part of a risk assessment.

- All necessary procedures and care should be carried out within the resident’s/tenants room. Only essential staff rostered to the individual resident (wearing PPE) should enter the room.

- Entry and exit from the room should be minimised during care, specifically when these care procedures produce aerosols or respiratory droplets (this is further explained in Annex F).

- Ensure adequate appropriate supplies of PPE and cleaning materials are available for all staff in the setting.

- All staff, including domestic cleaners, must be trained and understand how to use PPE appropriate to their role to limit the spread of COVID-19. A specialised training video for using standard PPE offering
insights into how the guidance applies in care settings have been produced.

- Where relevant, dedicate specific medical equipment (e.g. thermometers, blood pressure cuff, pulse oximeter, etc.) for the use of care home staff for residents with possible or confirmed COVID-19. Clean and disinfect equipment (including mobility aids) before re-use with another resident in accordance with manufacturer's instructions and where relevant return to the company for cleaning e.g. pressure-relieving mattresses. Particular attention should be paid to cleaning of any reusable equipment taken between the residents' bedrooms.

- Restrict sharing of personal devices (mobility devices, books, electronic gadgets) with other residents.
Annex E: Personal Protective Equipment (PPE)

PPE supplies and availability

Supplies of personal protective equipment to the care and support sector are fundamental for the good care of individuals with suspected symptoms of COVID-19. Managers of care homes should ensure all staff are familiar with and use the PPE recommended by Public Health to keep staff and patients safe and to assure essential flows of equipment.

If care and support providers have immediate concerns over their supply of PPE, please contact your Local Authority’s social services department who will be able to provide support.

Hand Hygiene

- Washing hands with soap and water for at least 20 seconds is essential before and after all contact with the person being cared for, removal of protective clothing and cleaning of equipment and the environment.

- Ensure liquid soap and disposable paper towels are available at all sinks.

- Alcohol-based hand rub (ABHR) can be used if hands are not visibly dirty or soiled and setting should have adequate provision and be available.

- Promote hand hygiene ensuring that everyone, including staff, service users and visitors, have access to hand washing facilities.

- Provide alcohol-based hand rub in prominent places, where handwashing may not be possible e.g. on entry to the setting.

- Any visitors should be instructed in respiratory and hand hygiene and should wash their hands on arrival into the setting, often during their stay, and upon leaving.

- Settings should regularly audit hand hygiene practice and provide feedback to employees

Respiratory and Cough Hygiene – ‘Catch it, bin it, and kill it’
Disposable single use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissue should be disposed of promptly in the nearest foot operated waste bin. Hands should be cleaned with soap and water if possible, after coughing or sneezing, using tissues or after contact with respiratory secretions and/or contaminated objects.

Encourage individuals to keep hands away from eyes, mouth and nose. Some people may need assistance with containment of respiratory secretions, those who are immobile will need a container at hand for immediate disposal of the tissue such as a bag.

Visible reminders such as posters, should be placed around the setting targeting employees, residents and visitors for both hand hygiene and respiratory etiquette.

More information on the use of PPE can be found on the Public Health Wales website and in the PHW Advisory Note - Use of Personal Protective Equipment (PPE) in Social Care Settings (Care Homes and Domiciliary Care).
Annex F: Decontamination and cleaning processes for care homes with possible or confirmed cases of COVID-19

General advice on cleaning in non-healthcare settings can be found here. This may be appropriate in settings which do not care for clinically vulnerable or extremely clinically vulnerable people.

Domestic staff should be advised to clean the isolation room(s) last, after all other unaffected areas of the facility have been cleaned. Ideally, isolation room cleaning should be undertaken by staff who are also providing care in the isolation room.

The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

a. In preparation

- Collect any cleaning equipment and waste bags required before entering the room.
- Any cloths and mop heads used must be disposed of as single use items.
- Before entering the room, perform hand hygiene then put on a FRSM, disposable plastic apron and gloves.

b. On entering the room

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Bag any disposable items that have been used for the care of the patient as per Annex H Interim COVID-19 Waste Management Measures.

c. Cleaning process

- Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room, following one of the 2 options below:
Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)

or

A neutral purpose detergent followed by disinfection (1000 ppm av.cl.).

If an alternative disinfectant is used within the organisation, the setting should seek advice from a local infection prevention and control specialist to ensure that this is effective against enveloped viruses

- Follow manufacturer’s instructions for dilution, application and contact times for all detergents and disinfectants.

- Any cloths and mop heads used must be disposed of as single use items.

**Cleaning and disinfection of reusable equipment**

- Clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal.

- Clean all reusable equipment systematically from the top or furthest away point.

**Carpeted flooring and soft furnishings**

- For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer’s instructions for a suitable alternative to use following, or combined with, detergent cleaning.

d. **On leaving the room**

- Discard detergent/disinfectant solutions safely at disposal point.

- Dispose of all waste as clinical waste.

- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.
- Remove and discard PPE as clinical waste as per local policy.
- Perform hand hygiene.

**e. Staff Uniforms**

Uniforms should be transported home in a disposable plastic bag.

Uniforms should be laundered:
- separately from other household linen,
- in a load not more than half the machine capacity,
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

**f. Safe Management of Linen**

Please refer to guidance [here](#).

Any towels or other laundry used by the individual should be treated as infectious and placed in an alginate bag then a secondary clear bag. This should then be removed from the isolation room and placed directly into the laundry hamper/bag. Take the laundry hamper as close to the room as possible, but do not take it inside the isolation room.

**When handling linen do not:**
- Rinse, shake or sort linen on removal from beds.
- Place used/infectious linen on the floor or any other surface e.g. table top.
- Re-handle used/infectious linen when bagged.
- Overfill laundry receptacles; or
- Place inappropriate items in the laundry receptacle.

Laundry must be tagged with the care area and date, and stored in a designated, safe lockable area whilst awaiting uplift or laundering.

This should be laundered in line with local policy for infectious linen.
**g. Waste**

During the COVID-19 pandemic it is even more important that proper waste management practices are followed. This is to ensure that healthcare waste transportation, treatment and disposal capacity is used appropriately. Care homes should have well-established processes for healthcare waste management which may need adaption to accommodate COVID-19 waste.

Bodily waste such as urine or faeces from individuals with possible or confirmed COVID-19 can be discharged into the sewage system. Where urine or faeces are contained, for example, within incontinence pads, stoma bags etc. then this material can be handled and managed as normal ‘offensive waste’.

For respiratory intervention waste and personal waste that have been in contact with the individual, including used tissues, and other soiled items, discarded PPE and disposable cleaning cloths should be managed as follows:

**If the waste is stored for greater than 72 hours:**
- the waste can be then treated and disposed of as offensive waste

**If the waste is unable to be stored for 72 hours:**
- this waste must be disposed of as clinical waste and contained in an orange bag as this waste may still pose an infection risk.

Other waste items for example, pharmaceuticals and sharps that may be associated with the treatment of individuals may require specialist disposal and should be managed in line with the advice given in Health Technical Memorandum. 07-01: Safe management of healthcare waste. This guidance can be found [here](#).

Care homes that provide nursing or medical care are considered to produce healthcare waste and should comply with [Health Technical Memorandum 07-01: Safe management of healthcare waste](#).

Also refer to ANNEX H Interim Waste Management Guidance for COVID-19.

Communal facilities for waste disposal should not be used. Care homes should have well-established processes for waste management.
### ANNEX G: Health Board Contact Points for Testing of Care Home Residents and Staff

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Email for line listing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swansea Bay (Swansea and Neath Port Talbot)</td>
<td><a href="mailto:SBU.NeathPCH@wales.nhs.uk">SBU.NeathPCH@wales.nhs.uk</a> 01639 862757</td>
</tr>
<tr>
<td>BCU (Anglesey; Gwynedd; Denbighshire; Conwy; Wrexham; Flintshire)</td>
<td><a href="mailto:BCU.Covid19CareHomeTestingHub@wales.nhs.uk">BCU.Covid19CareHomeTestingHub@wales.nhs.uk</a> 01745 448247</td>
</tr>
<tr>
<td>Cwm Taf Morgannwg (Rhondda Cynon Taf; Bridgend; Merthyr)</td>
<td><a href="mailto:CTM.CareHomeTesting@wales.nhs.uk">CTM.CareHomeTesting@wales.nhs.uk</a> 01443 443443 (7 days a week, 9am-5pm).</td>
</tr>
<tr>
<td>Cardiff and Vale (Cardiff and Vale of Glamorgan)</td>
<td><a href="mailto:cardiffandvalecommunicationhub@wales.nhs.uk">cardiffandvalecommunicationhub@wales.nhs.uk</a></td>
</tr>
<tr>
<td>Aneurin Bevan (Monmouth; Newport; Torfaen, Caerphilly; Blaenau Gwent)</td>
<td><a href="mailto:COVID-19.testing.unit.abb@wales.nhs.uk">COVID-19.testing.unit.abb@wales.nhs.uk</a></td>
</tr>
<tr>
<td>Hywel Dda (Pembrokeshire; Ceredigion, Carmarthen)</td>
<td><a href="mailto:COVIDenquiries.hdd@wales.nhs.uk">COVIDenquiries.hdd@wales.nhs.uk</a></td>
</tr>
<tr>
<td>Powys</td>
<td><a href="mailto:Powys.testing@wales.nhs.uk">Powys.testing@wales.nhs.uk</a></td>
</tr>
</tbody>
</table>
Annex H: Management of waste from persons suspected/confirmed COVID 19 from care home settings (with and without nursing care).

Please note that some of the normal management practices are adapted to support proper management of the Covid-19 waste. These adaptations are approved by Defra, Welsh Government, Natural Resources Wales and the Environment Agency and have been developed in conjunction with Public Health England and Public Health Wales.

It is important to note that non-healthcare waste e.g. recycling, domestic type waste, packaging etc. must continue to be handled and managed as normal.

<table>
<thead>
<tr>
<th>Description of Waste</th>
<th>Requirement</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offensive Waste and PPE from Non-Infectious individuals only</td>
<td>Place in the usual “tiger bag” – a yellow bag with a black stripe. Secure with swan neck and zip tie or tape and store safely.</td>
<td>Where possible urine and faeces collected in vessels/mobile toilets shall be flushed to sewer. Where macerators are routinely used, their use may be continued.</td>
</tr>
<tr>
<td>e.g. bodily fluids, incontinence waste, stoma bags</td>
<td>Dispose of as per usual arrangements.</td>
<td></td>
</tr>
<tr>
<td>Offensive Waste – Bodily fluids waste only from COVID 19 suspected/confirmed individual (still in symptomatic phase) – e.g. bodily fluids, incontinence waste, stoma bags etc</td>
<td>Place in the usual “tiger bag” – a yellow bag with a black stripe. Secure with swan neck and zip tie or tape and store safely</td>
<td>Where possible urine and faeces collected in vessels/mobile toilets shall be flushed to sewer. Where macerators are routinely used, their use may be continued.</td>
</tr>
<tr>
<td></td>
<td>Dispose of as per usual arrangements.</td>
<td></td>
</tr>
</tbody>
</table>
If the waste is stored for greater than 72hrs (for the specified wastes below only):

<table>
<thead>
<tr>
<th>Description of Waste</th>
<th>Requirement</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respiratory Intervention waste</strong> (Suction catheters and other waste contaminated with respiratory secretions generated from the care of residents with a tracheostomy or long-term ventilation)</td>
<td>Place in the usual “tiger bag” – a yellow bag with a black stripe. Secure with swan neck and zip tie or tape and store safely. This should be securely stored for at least 72 hours before being put in your usual collected waste bin. If this is not possible please follow guidance below.</td>
<td>If using this option, you must have clear and clearly displayed procedures to ensure good segregation from other tiger bag waste detailed in this table. You should maintain written records to demonstrate the waste has been held for 72hrs.</td>
</tr>
<tr>
<td><strong>Personal contact waste</strong> (used tissues, and other soiled items, discarded PPE and disposable cleaning cloths)</td>
<td>Dispose of as per usual arrangements.</td>
<td></td>
</tr>
</tbody>
</table>

If the waste is unable to be stored for 72hrs (for the specified wastes below only):

<table>
<thead>
<tr>
<th>Description of Waste</th>
<th>Requirement</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respiratory Intervention waste</strong> (Suction catheters and other waste contaminated with respiratory secretions generated from the care of residents with a tracheostomy or long-term ventilation)</td>
<td>Place in an orange bag. Secure with swan neck and zip tie or tape and store safely.</td>
<td></td>
</tr>
<tr>
<td><strong>Personal contact waste</strong> (used tissues, and other soiled items, discarded PPE)</td>
<td>Dispose of as infectious clinical waste</td>
<td></td>
</tr>
<tr>
<td>Description of Waste</td>
<td>Requirement</td>
<td>Note</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
<td>------</td>
</tr>
<tr>
<td>and disposable cleaning cloths) used in administering care to the individual suspected or confirmed as having COVID 19.</td>
<td>This waste requires require specialist disposal and should be managed in line with the advice given in Health Technical Memorandum. 07-01: Safe management of healthcare waste. This guidance can be found here: <a href="https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste">https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste</a></td>
<td>Your clinical waste contractor should be able to give you advice also and help you get this right.</td>
</tr>
<tr>
<td>Other Clinical Waste associated with treatment of individuals – this may include other infectious waste from other treatments, sharps, pharmaceuticals etc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEX J: Interpretation of Regular Testing Results for Residential Care Home Staff

This process applies to staff working in residential care homes for adults who are participating in regular testing programmes for people who are well and do not have symptoms of COVID-19.

1st Weekly Testing Day or confirmatory PCR Test

1st Weekly Testing Day - LFD Test

- Positive
  - Go home and isolate immediately along with your household. Await the result of the PCR.
  - Please note: If any staff member has a positive PCR test, they should NOT undertake repeat testing (including with LFD) for 90 days UNLESS new symptoms develop.

- Negative
  - Continue working as normal
  - Return to work on day 11 if you are well without a fever

2nd Weekly Testing Day - LFD Test

- Positive
  - Go home immediately and follow the guidance for 10 days isolation (date of LFD test is Day 0) along with your household.
  - If PCR was on the same day or within 24 hours of the LFD test – return to work as normal

- Negative
  - Continue working as normal
  - Please note: This is general guidance. Always follow specific advice given by your EHO, Public Health Wales or TTP

Anyone who develops symptoms after testing should arrange for a further PCR test at a community testing centre - even if they were tested as part of a regular/asymptomatic testing programme in the previous few days.
Revision History

Version 4.4 (23/12/20) includes the following changes:

- A change from 42 days to 90 days for the period during which individuals who have tested positive for COVID-19 (PCR Test) should not be retested
- Clarification on interpreting results following whole home testing for staff and residents (Section 4.13 and Section 5.5.1)
- Links to other documents and guidance have been updated where necessary
- Additional section on testing visitors to care homes and other residential settings (Section 2.1.2)
- Amendment of the period of isolation required for contacts where relevant following an update to UK CMO guidance
- Amendment to the criteria for ending an incident
- Additional information on cases, incidents and outbreaks in residential settings for children (section 6.2).
- Updated guidance on admissions to residential settings from hospital (section 3.1)

Version 4.3 includes minor corrections relating to sections/ANNEXES and updates the guidance following the pause to Shielding implemented on 16th August 2020.

Version 4.2 includes amended contact details for Hywel Dda Health Board

Version 4.1 includes a correction to the period for isolation from 7 to 10 days in a footnote in ANNEX C and in section 5.5


Information has also been added as follows:

- Changes to the advice on isolation from 7 days to 10 days for those who are not in a clinically vulnerable or extremely clinically vulnerable group
- Additional information in Section 1 on how the document should be used and where it applies
• Additional information on prevention in Section 2 and specific advice on visitors to residential settings, including for children
• In section 3 clarification on admission or placement in settings from hospital and from other settings in addition to specific advice relating to children
• In section 4 additional sections have been added on Whole Home Testing and on Test, Trace and Protect
• In section 5 additional information is provided on contact tracing for staff who are contacts and information on action to take when there is a breach of PPE. Updated guidance is provide on interpreting test results for staff.
• Section 6 on incidents and outbreaks has been added, including when an outbreak has ended and admissions and visits to homes during an outbreak
• ANNEX A contains updated links
• ANNEX B includes updated case definition and outbreak definitions and additional detail of definitions of contacts for residents and staff
• ANNEX C has been updated to include information on isolation for those who are not in a clinically vulnerable group
• ANNEX D, E and F contain minor additions for clarification and updated links where appropriate
• ANNEX G has been removed and incorporated into Section 5 and 6 and replaced with previous ANNEX H
• ANNEX H is a new section on interim guidance on the management of waste
GUI-001 Guidance to prevent COVID-19 and manage cases, incidents & outbreaks in care homes and supported accommodation settings in Wales