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GUI-001 Guidance to Prevent and Manage COVID-19 within Residential and Care Settings alongside other Respiratory Viruses during Autumn / Winter 2021-22

Identifier code: GUI-001	Category: Public Health Guidance
Audience: External	Response area: Health Protection
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Date: 24/11/2021	Status: Live Version: 4.8
Review date: Ongoing	
Distribution: <ul style="list-style-type: none">• AWARe and other PHW response staff• Partner agencies• Public (via corporate website)	

Purpose and summary of document:

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

Document location:**Archive version location:**

Table of Contents

Table of Contents	2
1 Introduction	4
1.1 When does this guidance apply?	6
1.2 Key Changes from previous Care Home Guidance	7
2 Prevention	7
2.1 Actions to prevent spread of infections including COVID-19.....	7
2.2 Be alert to signs and symptoms of infection	8
3 What to do if you have a symptomatic individual within a care setting	9
3.1 Moving away from designating a care home as “red” for COVID-19	10
3.2 What to do if you have a COVID-19 positive individual associated with a care setting	10
3.3 Isolation of residents.....	11
3.4 Isolation of staff	12
3.5 When is an outbreak declared and when is it over?	13
3.6 What to do if you have a symptomatic staff member.....	14
3.7 What to do if a staff member/resident has been identified as a contact of a positive case.....	14
4 Admission to Care Settings.....	15
4.1 Admission from hospital to care settings.....	15
4.2 Admission to a care setting from elsewhere	16
5 Supporting residents from care settings that require medical care	17
5.1 Attending hospital for routine outpatient care or treatment	18

5.2	Attending hospital accident and emergency departments	18
6	Staff testing	19
6.1	What to do if the LFD shows a positive result	19
6.2	What to do if an asymptomatic staff member is LFD and/ or PCR positive	20
6.3	What to do if a staff member inputs the wrong result on the reporting tool	20
6.4	What happens if a staff member is inadvertently retested within 90 days of a positive test result?	20
7	Visitors to the Care Settings	21
8	Arriving or Returning Travellers	21

1 Introduction

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 (along with any linked supporting documents) as the basis for any advice given to ensure consistency.

The majority of this guidance can be applied across a range of settings including residential homes for adults, residential homes for children & young adults 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 provision, 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.

We also recognise that whilst this guidance applies to all settings there will be individual circumstances where it is difficult to implement the guidance. Such circumstances need to be considered on a case-by-case basis. Public Health Wales' local health protection team, supported by the environmental health team and your Local Health Board can provide specialist infection prevention and control advice to assist.

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 policy changes frequently, with subsequent updates to documents.

The [Public Health Wales](#) website, along with the [Welsh Government](#) website, contains a range of sources of information on infection prevention and control, including some dedicated information for social care.

Some links in this document will take you to UK Government or UK Health Security Agency (UKHSA, formerly Public Health England) guidance. In these cases this guidance also applies in Wales. In some cases you may

find reference to England only sources of information, but always check there is no Wales specific guidance first.

Table 1 Application of guidance in different supported accommodation settings

Setting	Application
Residential and nursing homes for older adults and those who are clinically vulnerable	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.
Residential care homes for children FAQ Working with LAC	The majority of guidance in this document will apply in most situations except the elements that relate to clinically vulnerable groups. It is recognised that children are less vulnerable to severe disease so specific control measures during an incident of outbreak may be applied differently on the advice of Public Health Wales, local authorities 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.
Supported living 24 hour Guidance	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

Setting	Application
	same degree of control or responsibility over what happens in the setting as in a care home.
Supported Accommodation for older adults Guidance	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, Public Health Wales or local authority. 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 from within the setting or from an outside agency the measures set out in this guidance relating to staff should apply.
Supported Accommodation for vulnerable groups Guidance	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, Public Health Wales or local authority. 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.

1.1 When does this guidance apply?

This guidance aims to help settings prevent and reduce onward transmission of COVID-19. It has been reviewed and updated to align with current WG policy and preparation for autumn / winter 2021-22 and the need to manage other infectious diseases alongside COVID-19. This guidance does not replace the fundamentals of infection prevention and control as described in existing [guidance](#), and should also be read in

conjunction with the [IP&C quick reference guide for care homes](#) and the [UK COVID-19 IP&C Guidance](#). It is important that those working with and within these settings check for the most up to date guidance.

1.2 Key Changes from previous Care Home Guidance

- Care Homes will no longer be declared in “red status” with consequent implications of closure and restriction of movement in relation to single cases of COVID-19 or unrelated cases. (An example of unrelated cases would be a staff case where it was clear that their acquisition was likely to be from outside the care home environment and a single case in a resident, who had no link to the staff member).
- The declaration of an outbreak due to COVID-19, will now move to a position consistent with existing guidance for the declaration of an outbreak due to any infectious disease, and be consistent with the management of influenza and other respiratory virus outbreaks in care homes.
- Incorporating vaccination status in the risk assessments to facilitate discharges from hospital into care homes and admissions into care homes from the community; reflecting changes in testing and isolation requirements in updated Welsh Government policy.
- Whole home testing is no longer recommended as part of first line management of COVID-19 incidents / outbreaks or to declare an outbreak over. Whole home testing may still be recommended by an IMT or by the local Health Protection Team as part of investigation and management of an outbreak or incident of COVID-19.

2 Prevention

2.1 Actions to prevent spread of infections including COVID-19

The most effective measure to reduce COVID-19 circulating within a setting is to reduce the risk of the virus being introduced into the setting through effective control measures. These measures will also reduce the spread of other respiratory viruses and infections.

[Operational guidance for healthcare services to assist with preparations for autumn / winter 2021/22 has been issued by Welsh Government:](#)

Vaccination

Residents and care workers should be encouraged to have their COVID-19 vaccinations including the booster dose as well as their annual influenza vaccinations.

Self-isolation.

All staff and visitors should follow the Welsh Government guidance for [self-isolation](#) and not attend the setting if they have symptoms of COVID-19. Staff and visitors should speak to the setting prior to attending if they have been identified as a contact of a positive case or a household member has symptoms, or has tested positive.

Staff and visitors should also be reminded that particularly at this time of year they should not attend the setting if they are unwell / have respiratory or flu-like symptoms. If they have symptoms they should not return to work until fit to do so even if their COVID-19 PCR test is negative.

It is advised that care settings undertake internal audits to assess their control measures.

Testing

Residential and care home settings should follow Welsh Government social care staff testing requirements as well as the general COVID-19 testing strategy for Wales.

[Social care alert levels COVID-19 testing guidance | GOV.WALES](#)

[COVID-19 testing strategy | GOV.WALES](#)

2.2 Be alert to signs and symptoms of infection

All care settings must be vigilant for the symptoms of COVID-19 amongst residents and staff. All residents should be periodically assessed for the development of the following:

- Fever ($\geq 37.8^{\circ}\text{C}$),
- Cough and/or shortness of breath
- Loss of or change to taste and or smell.

Symptoms **can** be less clear amongst the clinically vulnerable and with pre-existing health problems. Be aware of any changes in resident's wellbeing including:

- Respiratory symptoms,
- Flu-like symptoms,
- New confusion,
- Reduced mobility
- Diarrhoea

For people with a learning disability, autism, mental health problems or dementia we suggest that you read this [guidance](#) which has information about the additional things to do if you are caring for these individuals.

As winter approaches it is likely that other respiratory viruses including influenza will be circulating, individuals with symptoms of respiratory disease should be tested with a multiplex PCR for respiratory viruses, which includes influenza and SARS CoV-2 to be arranged through the local health board in the same way as diagnostic tests are normally requested.

3 What to do if you have a symptomatic individual within a care setting

Any resident or tenant presenting with symptoms of respiratory disease – flu like illness or COVID-19 symptoms, should be promptly isolated in a single room with a separate bathroom where possible. Staff should adhere to strict infection prevention and control policies to minimise the risk of transmission to other residents and the staff themselves.

Multiplex PCR testing of the ***symptomatic*** individual should be arranged through the Health Board.

Do not use the Care Home Testing Portal or Lateral Flow Tests to test symptomatic residents.

3.1 Moving away from designating a care home as “red” for COVID-19

Aligning our approach to managing incidents and outbreaks of COVID-19 with our general approach to managing other infections means that we are now moving away from designating care homes as “Red” for COVID-19.

It is more appropriate to manage the care home according to whether or not there is an infectious incident or outbreak at the care home that requires further management. During the winter months there will be challenges to manage influenza and diarrhoea and vomiting outbreaks as well as COVID-19.

Outbreaks should be managed on the basis of a risk assessment, with admissions into the home being considered as part of this. Automatically closing the home to all admissions when an outbreak is declared does not account for the myriad of considerations as to whether an individual can be admitted and cared for safely within the setting. COVID-19 incidents / outbreaks should not be the sole focus over the winter.

3.2 What to do if you have a COVID-19 positive individual associated with a care setting

On identification of a positive case the care setting should:

- Ensure Infection Prevention & Control measures in place are reviewed and reinforced.
- Staff have been fully briefed on the care required for the COVID-19 positive person.
- Increase monitoring of resident's health within the setting
- Assess the likelihood of acquisition from within the care home environment or outside the setting via community, household or social contacts.
- Ensure that any returning residents or new admissions due to come into the setting are risk assessed.
- Cleaning schedules should be increased with particular attention to cleaning high touch points, such as door handles, shared walking aids, call bells / buttons.

- Display signs to inform of the situation and to highlight the infection control measures.
- Provide a situational update to residents/tenants, visitors, family and staff if there is a confirmed case of COVID-19
- Ensure that the weekly PCR test for staff via the portal is undertaken as soon as possible from the notification of the positive case and then repeated again 7 days later. Staff should continue with their LFD testing as normal
- If the case is in a resident, the setting should speak to the staff members who have been providing care to the resident to ensure that there were no lapses in PPE that could result in staff members being identified as a contact. If any staff members are identified as contacts they should be advised to obtain a PCR test, and follow [WG guidance](#) on healthcare worker management of contacts.
- If the case is in a member of staff, the setting should speak to the staff members to ensure that there are no workplace contacts as a result of social contact or any lapses in PPE. If there are contacts identified then they should be advised to obtain a PCR test
- If any residents are identified as contacts they should be tested with a PCR test on day 2 after the known exposure and they should be monitored closely for symptoms. (Testing for residents must be obtained from the Health Board). The resident does not have to self-isolate unless they have symptoms; are a close “household-type” contact or return a positive test result.

Please note: If the care setting has concerns they should seek advice from their Local Public Health Wales Health Protection Team.

3.3 Isolation of residents

Residents who test positive for COVID-19 must isolate. Those who are clinically or extremely clinically vulnerable should remain in isolation for 14 days or until symptoms resolve whichever is longer, with at least 48 hours fever free without medication prior to release from isolation.

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 prior to release from isolation.

3.4 Resident contacts of cases.

Guidance on self-isolation in relation to COVID-19 management in the community can be found [here](#). If individuals have been in close contact with someone who has coronavirus (non-household contact) they will not need to self-isolate if they do not have any symptoms. If someone in a household has symptoms or has tested positive, household contacts that are fully vaccinated or aged 5 to 17 should self-isolate and [take a PCR test](#). If the test is negative they can stop isolating.

Close household contact in the context of a care home, would be a shared room or regular shared use of facilities. Consideration should be given in the assessment to the nature and duration of contact between a case and a contact:

- the location of the case within the setting;
- the type of contact (shared room / shared dining / shared bathroom facilities or socialising arrangements)
- the length of time spent together.

It may be that in smaller care homes that the whole care home would be considered one household, but that in larger care homes there would be sufficient separation of areas / shared facilities to designate some of the residents as non-household contacts.

For care home residents who are deemed to be “non-household” contacts of a case of COVID-19, consideration may be given to allowing asymptomatic fully vaccinated individuals to continue to leave the home / visit family / socialise.

If they have had regular close household contact as defined above, they should self-isolate and take a PCR test – stopping isolation if negative.

If the resident/s are not fully vaccinated and have been in close contact with someone who has COVID-19, even if they do not have symptoms, they will need to self-isolate for 10 days. They should also get a PCR test on day 2 from the last contact with the positive case (or as soon as possible) and on Day 8. If the tests are negative, they will still need to self-isolate for the full 10 day period.

The same principle should apply for visitors to the home, with asymptomatic fully vaccinated individuals who have not had "household type" contact with a case still able to receive visits over and above the "essential visitor", providing those visitors follow the visitor's guidance as usual and do not have contact with other vulnerable residents.

3.5 **When is an outbreak declared and when is it over?**

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

An incident / outbreak will be declared following investigation, if two or more patient or staff cases of COVID-19 occur within the care home setting and where infection / ongoing transmission is linked within the care home setting. This is in line with influenza / respiratory infection outbreak management.

For an outbreak to be declared over, there should be no new symptomatic or confirmed cases associated with the outbreak for a **minimum period** of 14 days from the last potential exposure to a case, whether in a resident or staff member. The last potential exposure is taken from the date of the resident's isolation in their room following application of transmission-based precautions **OR** for staff their last attendance at the workplace.

The HPT / local authority or IMT if in place, must also be satisfied that existing cases have been isolated/cohorted effectively and symptoms should be resolving and that IPC guidance is being applied appropriately. There should be sufficient staff to enable the care home to operate safely using PPE appropriately.

The leading agency supporting the care home with the ongoing incident/outbreak will advise the care home when the incident can end.

If a single staff member is identified as positive for COVID 19 through routine testing, they need to be assessed to confirm whether this was acquired via community exposure or linked to the care home outbreak. The finding of a staff positive deemed to have been acquired away from

the care home should not result in prolongation of the outbreak period in the care home.

3.6 Isolation of staff

If a staff member has had a positive PCR result for SARS-CoV-2 then the staff member must isolate for 10 days from the date of the PCR test or from the onset of symptoms.

3.7 What to do if you have a symptomatic staff member

If a staff member develops symptoms of COVID 19 the staff member should remain at home or if in the setting the staff member should leave the setting immediately. Staff members should be tested with a multiplex PCR for respiratory viruses, which includes influenza and SARS CoV-2 to be arranged through the local health board.

The staff member must continue with their isolation until they receive their PCR test result.

If the PCR comes back negative and their symptoms have resolved they can return to work. There is further guidance on when a symptomatic individual can return after infection [available here](#).

3.8 What to do if a staff member has been identified as a contact of a positive case

Individuals that have been identified as a contact of a positive case will be notified by the Test Trace and Protect (TTP).

See WG Guidance on **COVID-19 contacts: guidance for health and social care staff** [here](#).

The manager should undertake the checklist in the guidance document. The staff member who has been identified as a contact should undertake a PCR test and obtain the result before returning to work and undertake daily LFD tests as per the Welsh Government guidance. There are

additional restrictions for staff working with those who are clinically extremely vulnerable or immune suppressed.

If the staff member starts to feel unwell then they must leave the setting immediately and book a PCR test. The setting should follow the guidance [here](#).

4 Admission to Care Settings

4.1 Admission from hospital to care settings

This must be read in conjunction with [WG hospital discharge policy](#).

When accepting a new or existing admission from hospital, the setting needs to ensure that they have undertaken an appropriate risk assessment and that all infection prevention & control measures have been considered ahead of the planned transfer of care.

Where an individual has been admitted to hospital with no evidence of COVID-19 infection, is ready for the next stage of care and has received a negative LFD test result for COVID-19, they can be discharged to an existing or new placement or package of care subject to the provider agreeing that the appropriate isolation and Personal Protective Equipment (PPE) arrangements are in place.

When a resident is due for discharge from hospital following an in-patient care episode, the requirement to self-isolate in the care home and for how long they self-isolate for will need to take the following into consideration:

- Whether the person to be admitted is fully vaccinated against COVID-19 i.e. has received a primary course of vaccine plus 2 weeks and booster if it is due.
- Whether they followed an elective / scheduled care pathway or an emergency / unscheduled care pathway during their hospital stay.
- Whether the person to be admitted has a known contact with a COVID-positive person, within last 14 days.
- Whether the person to be admitted has any symptoms of COVID-19 disease at point of discharge.

Fully vaccinated individuals ready for discharge from hospital, should be allowed back to the care home if:

- they are asymptomatic and have received a negative LFD test for COVID-19 test pre-discharge

- the care provider has appropriate isolation and Personal Protective Equipment (PPE) arrangements in place,
- the individual can go into self-isolation until a LFD “test to release” at day 3. If negative at day 3 the individual can resume normal activities.
 - Care Homes can choose not to require people to self-isolate on discharge from an elective / scheduled care pathway on the basis of a risk assessment.

Patients (other than those who are severely immunocompromised) who have had COVID-19 during admission will be defined as ‘non-infectious’ and may be discharged into social care settings without a subsequent requirement to self-isolate if all of the following apply:

- At least 14 days have elapsed since either (a) first onset of symptoms or (b) first positive Covid test;
- AND The patient has had resolution of fever for at least three days;
- AND The patient has experienced clinical improvement of symptoms other than fever
- AND a negative LFD test pre-discharge.

Discharge arrangements for severely immunocompromised patients should be subject to individualised discussion and assessment between clinical and microbiology teams.

4.2 Admission to a care setting from elsewhere

Individuals may be placed or admitted to a care setting from their own home, the home of a relative or from another care setting.

Individuals requiring admission to a care home from their own home, the home of a relative or from another care setting should receive a risk assessment in regard to their infection risk, including for COVID-19 infection.

Individuals being admitted from the community will not need to complete a 14-day self-isolation period, if they satisfy the following requirements:

- They have no symptoms of COVID-19 disease.
- They are fully vaccinated i.e. have received a primary course of vaccine plus 2 weeks. Booster doses of vaccine should have been received if due.

- They have had no known contact with a COVID-positive person in the last 14 days.
- Have a negative LFD test on admission.

If an individual has symptoms of COVID-19 or has tested positive, placement or admission could be delayed for 10 days (or 14 days for those who are clinically or extremely clinically vulnerable) or the care home could consider admitting into isolation if they have the facilities to do so.

If an individual is unvaccinated and requires admission to a care home, the care home will need to risk assess as to whether or not to require a 14 day self-isolation period for the individual.

Where urgent or emergency placements are required care homes should conduct a risk assessment and ensure that infection prevention and control measures are implemented proportionately.

The care home should also consider the following when accepting admissions:

- The COVID-19 status of the household / setting from which the individual to be admitted is coming from, also whether or not there is other history of infectious disease (e.g. Flu-like illness or diarrhoea and vomiting).
- The care home staff and resident vaccination uptake – both COVID-19 including boosters and influenza vaccination.
- General Infection Prevention & Control measures, including PPE training, supplies and usage in the care home.
- Whether there are any outbreaks of infectious disease including COVID-19 at the receiving care home.

5 Supporting residents from care settings that require medical care

If a resident is taken into hospital for urgent or essential treatment, please ensure you inform the hospital and the Welsh Ambulance Service prior to the appointment or transport if the resident is showing symptoms of COVID-19 or has tested positive and is still within their isolation period.

5.1 Attending hospital for routine outpatient care or treatment

It is important that residents who are required to attend routine appointments are supported to do so.

Where a resident attends for a routine appointment in a 'COVID-free (also referred to as green or low risk) area of a hospital, there is no requirement for isolation when they return to the care setting.

5.2 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 isolate.

Where a resident has been assessed or treated in an environment where COVID-19 patients were also being treated or where the risk of exposure to COVID 19 patients during the hospital visit is unknown the following needs to be considered:

- Whether the resident is fully vaccinated against COVID-19.
- Is asymptomatic

These individuals may return to the care home, but consideration should be given to self-isolation on return with a LFD test at day 3 to release to normal activities.

Residents returning from assessment in hospital need to be monitored for symptoms of infection – if they develop symptoms they should be isolated and tested by multiplex PCR for respiratory viruses including SARS CoV-2.

If the resident has not been vaccinated they will need to isolate upon return to the care setting for 10 days or 14 days for those who are clinically or extremely clinically vulnerable. Consideration can be given to a risk assessed approach whereby close monitoring for symptoms and a test to release could allow earlier return to normal activities in this group too – care home providers can undertake individual assessment of individual risk in the context of their own set ups.

6 Staff testing

All staff and agency workers who work within care settings are encouraged to participate in care regular testing procedures that are in place within the care setting they are employed by.

Care setting must ensure that they are following the most up to date testing guidance set out by Welsh Government.

[Care homes testing policy \[HTML\] | GOV.WALES](#)

<https://gov.wales/social-care-alert-levels-covid-19-testing-guidance>

<https://gov.wales/sites/default/files/publications/2021-10/health-and-social-care-testing-flow-charts.pdf>

Managers should ensure that care home staff are updated on any changes to the testing procedures and ensure that all staff are adequately training.

6.1 What to do if the LFD shows a positive result

If the LFD test returns a positive result, the staff member should not attend work. If they have been tested at the setting, the staff member **must** immediately leave work. It is advised that a PCR test is taken within 24 hours following a positive LFD result. The follow up PCR test can be booked via the Local Health Board Testing Team or by booking a test at your nearest testing centre.

If the PCR test is not undertaken or is not taken within 24 hours, the staff member should isolate for 10 days from the date of the LFD test.

If the PCR test comes back negative and the staff member is asymptomatic the staff member can return to work.

6.2 What to do if an asymptomatic staff member is LFD and/ or PCR positive

If an asymptomatic staff member has had a positive LFD followed by a positive PCR result, the staff member must continue to self-isolate for 10 days from the date of the PCR test.

6.3 What to do if a staff member inputs the wrong result on the reporting tool

On occasions staff have wrongly input a positive result on the LFD reporting tool when they have tested negative. Should this error happen, the staff member must immediately inform their employer. A photo should be taken of the negative result including the scan code. When contacted by the Test Trace and Protect team the staff member can provide the negative test evidence, and the wrongly inputted result can be discarded.

6.4 What happens if a staff member is inadvertently retested within 90 days of a positive test result?

If a staff member is inadvertently retested within the 90-day period from their initial positive result and returns a positive result and is asymptomatic the staff member should isolate until advice is sought by the setting from the local Public Health Wales Health Protection Team or local authority.

If the risk assessment identifies that the positive test result was from historic infection or that the individual is no longer infectious it can be discarded.

Please note: If the staff member retests after their 90-day period has ended and returns a positive result, this should be treated as new infection. If the staff member is asymptomatic then refer to point 6.2 for the next steps. If the staff member is symptomatic then no retest should be undertaken, and the staff member needs to isolate for 10 days.

7 Visitors to the Care Settings

Welsh Government Guidance relating to visitors to care settings is regularly updated. The guidance provides advice on facilitating visits whilst minimising the risk from COVID 19 and is available [here](#)

8 Arriving or Returning Travellers

Staff or visitors attending the setting that have either arrived from a country outside the UK or returned to the UK from another country should follow the guidance outlined by [Welsh Government](#).

It is advised that the care settings risk assess any staff member or visitors that have recently arrived or returned from travel abroad before allowing them to enter the setting.