

# Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases, Incidents & Outbreaks in Residential Care Settings in Wales

5 August 2020

Version 4.1

2 Guidance to prevent COVID-19 and manage cases, incidents & outbreaks in residential care Settings in Wales

Public Health Wales has dedicated teams working to support care homes and other settings. They are available 7 days a week on the following number.

Public Health Wales should be notified of all suspected or confirmed cases of COVID-19 by calling:

**0300 00 300 32**

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## 5 Guidance to prevent COVID-19 and manage cases, incidents & outbreaks in residential care Settings in Wales

Version 4 has been updated with reference to [Admission and Care of Residents in a Care Home during COVID-19](#) Version 2 Updated 19 June 2020 produced by Department for Health and Social Care with Public Health England, Care Quality commission and NHS England.

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

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

Version 4.2 includes amended contact details for Hywel Dda Health Board

## 1 Introduction

This public health guidance is intended for local authorities, Local Health Boards and registered providers of care homes or supported living 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 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.

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.

We also recognise that while this guidance applies to all settings there will be individual circumstances where it is difficult to implement; for example in children's settings where urgent placement is required to meet a safeguarding need or where as a result of recent trauma, long periods of isolation may have a significant negative impact on wellbeing. These circumstances need to be addressed on a case by case basis. Public Health Wales and your local Environmental Health Team will provide specialist infection prevention and control advice to assist in these situations.

### **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. It also applies when there is an incident or outbreak in a particular setting.

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.

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.
- Monitor staff symptoms daily, including as part of handover of staff shifts. If staff become unwell whilst at work, they should immediately go home.
- Make sure staff follow [social distancing](#) guidelines while travelling to work and at work, especially during breaks.
- 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, social distancing and respiratory etiquette is followed.
- Make sure all staff follow this advice including those working in support roles such as in kitchens, laundries and administration.
- Regular handwashing and social distancing and respiratory etiquette (Catch it, Bin it, Kill it) are key measures to prevent spread of this infection in all settings.
- 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 \(Video\)](#))
- Limit visitors (when permitted) 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.

## 2.1 Visitors to Residential Settings

All non-essential visits to care homes were restricted during the pandemic period. Where there is an outbreak situation in a setting or where there are concerns about the levels of infection in the local community, 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 in exceptional circumstances should be supported (Section 6).

As the levels of the virus have fallen in the community the restrictions that were imposed in Wales during lockdown are gradually being released. This includes visits to care settings. Welsh Government [Guidance](#) has been produced for the sector providing advice on facilitating visits safely. As this will change please check the Welsh Government website for the latest information. Please remember that relaxation of measures for households may not apply immediately to care settings because of the higher levels of risk.

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 until their

period of isolation has ended whether wider visitor restrictions are in place or not.

### **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. A range of options to facilitate agreed 'family time' can be used including via video call. However, it is recognised that some 'in-person' family time may be essential.

While there is *sustained community transmission* or during an outbreak in the setting or within the wider community restrictions on visiting will be in place. During these periods, where indoor visits are assessed as essential based on a risk assessment these should be carefully planned. The more people who visit a setting the greater the risk of transmission of the virus. Consideration should be given to the use of alternative indoor venues for this purpose.

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.

## **2.2 Prevention and Early Intervention**

Care providers and managers of settings should follow [social distancing](#) measures for everyone in the setting, wherever possible. This may mean thinking about how your setting works on a day to day basis. You will need to think about:

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- How you organise meal times to ensure that staff and residents are socially distanced
- Arrange day rooms and other shared facilities to promote social distancing.
- Consider grouping residents together so that they spend time together in groups to limit mixing.
- Take advantage of opportunities for separation where the layout of the facility allows 'cohorting' or grouping in separate buildings or by floor/wing.

### **2.2.1 Clinically vulnerable and extremely clinically vulnerable groups**

The following groups are particularly vulnerable and should be supported to follow strict social distancing. During periods of sustained community transmission or during local outbreaks individuals who are extremely clinically vulnerable or clinically vulnerable may be asked to follow the [Shielding guidance](#).

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.

- a) Anyone who falls under the category of [extremely clinically vulnerable](#) should follow the [Shielding guidance](#) to protect themselves.
- b) Anyone aged 70 years or over (regardless of medical conditions) is advised to follow the [social distancing guidance for the clinically vulnerable](#).
- c) Anyone aged under 70 years with an underlying health condition, for example those who are eligible for the flu jab on medical grounds, is advised to follow the guidance for the [clinically vulnerable](#).

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

implement daily monitoring of COVID-19 symptoms amongst residents and care home staff (Section 5). For residents this should include assessing each resident twice daily for the development of a fever ( $\geq 37.8^{\circ}\text{C}$ ), cough or shortness of breath or loss of taste or smell. 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.

If you identify someone who may be symptomatic immediately isolate residents and send staff with symptoms home. Report residents or staff with symptoms to Public Health Wales on **0300 00 300 32**, as outlined in section 4.1.1.

### **3 Admission or placement of residents**

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 a residential setting from hospital**

When there is *sustained community transmission* of the virus or during 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.

Once acute treatment and care has ended individuals may be discharged to a range of different settings including designated COVID-19 step-down care or residential or nursing home settings. 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 regardless of whether or not they were admitted to hospital with COVID-19 so that their COVID-19 status is known on discharge. As advised in Welsh

Government guidance people will not be admitted to a care home without a negative test result.

While testing prior to admission is helpful the most important measure to prevent the spread of infection is to isolate the individual in their own room, where possible with their own bathroom for 14 days following discharge from hospital. Where individuals have been in isolation in an alternative facility, such as a 'step-down' care where exposure to the virus is unlikely, further isolation is not essential but many settings may wish to isolate for a further period as a precaution. Testing prior to discharge from these settings is still required. ANNEX C provides specific guidance on isolation for residents in residential care settings.

### **3.1.1 Individuals who test negative prior to discharge from hospital**

The amount of virus present in different compartments of the body varies over the time course of infection. Therefore, a negative result cannot rule out the presence of COVID-19 infection, particularly in the incubation period. If the test was taken 48 hours in advance of admission or placement the individual could become infected in the interim.

Individuals testing negative should be cared for in isolation (ANNEX C) with appropriate Infection Prevention and Control (IP&C) precautions in place for a period of 14 days from transfer into the care setting / step down care setting. After which time they can return to normal care.

If an individual subsequently develops symptoms (Section 2.2.2) during the period of isolation, they must continue to be cared for in isolation with appropriate Infection Prevention and Control (IP&C) precautions in place for a further period of 14 days from the onset of symptoms or until the symptoms<sup>1</sup> disappear whichever is longer. Arrangements should be made to test for COVID-19.

If symptoms worsen, or new symptoms develop, the usual care provider (GP) should be informed immediately for further advice around escalation

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<sup>1</sup> 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.

and to ensure person-centred decision making is followed. For a medical emergency dial 999.

### **3.1.2 Individuals who test positive prior to discharge from hospital**

Welsh Government policy requires Health Boards to provide [appropriate 'step down' care in local settings](#), for individuals that test positive prior to discharge from hospital.

Where an individual has tested positive on discharge they must continue to be cared for in isolation with appropriate Infection Prevention and Control (IP&C) precautions in place for a period of 14 days from transfer into an agreed appropriate setting or until the symptoms disappear whichever is longer. Patients who have tested positive within the last 14 days or who are still symptomatic should wear a mask during transfer from one location to another.

It is known that viral tests can remain positive for many days (documented up to 39 days), even when the patient has recovered. However, these tests seem to be detecting non-viable virus, and the patients are unlikely to be infectious at this point. Hospital discharge teams and care homes may wish to seek advice from Public Health Wales or hospital infectious disease teams to prevent unnecessarily long hospital stays in these cases.

Public Health Wales will assist residential settings and hospital discharge teams in risk assessing whether it is safe and appropriate for an individual to return to a care setting (**0300 00 300 32**).

## **3.2 Admission to a setting 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. Health Boards have the responsibility for making arrangements for testing. Contact details for Health Boards to arrange testing for care homes are included in ANNEX G.

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.

Where the setting cares for those who are clinically vulnerable or extremely clinically vulnerable (Section 2.2.1) a period of isolation on arrival in the setting is advised, for 14 days, as a negative test result does not rule out infection as an individual can already be incubating the virus at the time of the test or become infected after they were tested.

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.

### **3.3 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 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.

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

Residential settings will 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.

*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.*

### **4.1 COVID-19 positive residents (PCR or Antigen Test)**

If you are caring for a resident 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 F).

If a resident has tested positive for COVID-19 you may be contacted as part of the Welsh Government Test, Trace and Protect programme. Where staff have followed guidance on the use of PPE they will not be classed as contacts of COVID positive residents. If social distancing and grouping or cohorting advice has been followed (Section 2.2) the number of residents who are classed as 'close contacts' will be minimised. Further advice on who is considered a contact and isolation advice for contacts is included in ANNEX B and C.

Smaller residential settings, 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 and Protect programme.

Those in clinically vulnerable or extremely clinically vulnerable groups should remain in isolation for 14 days or until symptoms<sup>2</sup> resolve whichever is the longer, with at least 48 hours fever free without medication.

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<sup>2</sup> 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.



Younger adults and children should remain in isolation for 10 days or until symptoms<sup>3</sup> resolve whichever is the longer, with at least 48 hours fever free without medication.

#### **4.1.1 Symptomatic residents**

Any resident 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 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.

You should immediately notify Public Health Wales **0300 00 300 32** who will advise on infection prevention and control measures – **do not wait for testing**. Staff should immediately instigate these 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 (ANNEX G).

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 increases, 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.

Except where 'whole home testing' is being undertaken (see below) 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 (Appendix 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. 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.

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.

#### **Whole Home Testing for New Incidents**

If the initial symptomatic residents or staff test positive the Health Board will arrange whole home testing. This is to assist with the management of the incident or outbreak and will assist in identifying those individuals who need to isolate.

Care Homes will be informed of the results of testing by the Health Board. The Health Board will also inform Public Health Wales 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.

Where further residents develop symptoms they will also be tested although this does not change the management of the incident.

### **Whole Home Testing in Ongoing Outbreaks**

If an outbreak already exists in a care home, there is a need to assume that transmission has occurred and act accordingly. In these settings infection prevention and control measures including social distancing, 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.

### **Whole Home Testing in Currently Unaffected Homes**

Whole home testing may be offered to homes that do not currently have an ongoing incident or outbreak (no cases within the last 28 days). The main reason for this type of testing is to understand the levels of the infection in a given population to help management of the outbreak at local and national levels.

If you are offered whole home testing this may involve being supplied with testing kits to administer the swab yourselves. These will usually be returned via a courier. These test results may take slightly longer to be returned.

It is important that all staff and where included, residents are tested and that the swabs are taken over as short a period of time as possible.

Whole home testing of this type will sometimes identify individuals who did not know that they have the virus because they have no symptoms. This

can mean that they have been working in the setting or may be working when the test result is received and will be advised to go home. Settings should prepare for this situation when testing is undertaken.

#### **4.1.4 Interpreting Testing Results**

Information on interpreting test results for staff is included in Section 6.1.

##### **Residents testing positive**

Where whole home testing takes place this will mean that residents 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 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 six weeks, and have recovered, should not be retested. In some situations individuals who have tested positive some time previously will test positive again. Advice on how to interpret these tests will be provided by the Health Board or Public Health Wales and will depend on a number of factors.

##### **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 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 have residents who develop symptoms or you receive a positive test result for a resident (other than from Public Health Wales or the Local Health Board):

- Notify Public Health Wales by calling **0300 00 300 32**

Public Health Wales will provide advice and support along with Local Authority and Health Board partners to help the care home to manage the situation. A risk assessment will be undertaken on the control measures that are required for each incident where there is a single case in a resident or member of staff.

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 multi-agency 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 personal protective equipment (PPE) that must be worn when caring for residents while there is ongoing spread of the virus in the community is described [here](#). This advises that PPE should be used at all times irrespective of whether the resident is positive or negative.

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 care home, 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 *Appendix F* and 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 should have a business continuity policy in place including a plan for surge capacity for staffing, including volunteers.

### **5.1 Breaches of PPE**

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 an Aerosol Generating Procedure (see below).
- Whether the member of staff had their eyes, nose or mouth exposed.

If the risk assessment concludes that there has been a significant breach, or close contact without PPE, the worker should remain off work for 14 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 residents 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)
- Induction of sputum
- High flow nasal oxygen (HFNO)

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 new [Test, Trace and 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 14 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 are provide at ANNEX B.

If someone who tests positive for COVID-19 works in, or has recently visited, a care home, 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 must self-isolate for 14 days in line with the standard guidance.

For care home 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 14 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 14 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 health 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 14 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:
  - 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
  - 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 day11.
- The care home must notify Public Health Wales of any new symptomatic staff.

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. 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](#).

The main purpose for testing of symptomatic staff and the symptomatic household contacts of non-symptomatic staff is to enable staff to return to work from isolation.

To be tested, they must meet the following basic conditions:

- IF STAFF – symptomatic and self-isolating for 5 days or less
- IF HOUSEHOLD MEMBER – symptomatic, and asymptomatic staff member has been self-isolating for 12 days or less

### **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 14 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 Home Testing**

In some circumstances, for example to effect quick control of an outbreak wider testing will be undertaken within a home (Section 4.1.3) then staff may be tested who are not symptomatic. In some of these individuals a positive test result will be obtained. These staff should follow the guidance above for a positive COVID-19 test result and count the period of isolation from the day of the test. If they develop symptoms within the 10 day isolation period they should reset the clock and start counting again for 10 days.

There is a helpful [flowchart](#) to assist in interpreting test results in individuals who have not had symptoms.

Currently it is not known how long any immunity to COVID-19 might last. If staff become unwell again with symptoms of COVID-19, they should self-isolate and may need to be tested again.

Where staff have previously tested positive and do not have symptoms they should not be tested again. 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 six weeks and they do not have symptoms the result 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 a positive result is almost certainly a true positive. However, as levels of infection fall, in situations where there are no other cases, no obvious source of the infection and the individual has no symptoms a 'false' positive result becomes more likely. New advice has been issued by Welsh Government which means that where this situation occurs a second test can be performed, at least 48 hours after the first test was taken if the individual remains asymptomatic. While waiting for the second test result the individual should remain in isolation and be treated as a true positive. If this result is then negative then the initial positive test can be discarded and the individual can leave isolation. If the second test remains positive then they should be treated as a true positive and remain in isolation.

## **5.6 Agency and Bank Staff**

Since the beginning of the pandemic we know that most care home 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. The checklist below sets out the actions that providers from care homes 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 care home wherever possible. This includes staff who work for one employer across several homes, 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 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 that is undertaken.
- Health Boards should ensure that access to testing is facilitated for agency and bank staff working in the local health and care sector.

## **6 Incidents and Outbreaks**

You should notify Public Health Wales immediately if you suspect either a resident or a member of staff has symptoms of COVID-19. Confirmed cases of COVID-19 among staff or residents should also be notified to Care Inspectorate Wales.

*A single confirmed case* of COVID-19 in a setting will be treated as an incident and subject to a risk assessment with control measures implemented accordingly. In most situations this will involve treating the setting as if it has an outbreak. In exceptional circumstances based on the risk assessment other approaches may be taken.

You will be provided with advice and guidance on how to manage a COVID-19 incident or outbreak in your care setting by Public Health Wales and/or your Local Environmental Health Team.

### **6.1 Outbreaks in Care Settings**

A setting will be considered to have an outbreak when there are two or more individuals (staff or residents) who test positive for COVID-19 within a 14 day period and who have been in the setting within the 14 days prior to the onset of symptoms or the date of the test if asymptomatic.

In the event of an outbreak you will 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
- 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.
- 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 must not visit until their period of isolation has ended.
- Consider how you could provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site, or in partnership with local hotels.

The outbreak will be declared over once no new cases have occurred in the 28 days since the onset of symptoms in the most recent case, which is twice the incubation period. 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.

## **6.2 Communications**

- Display signs to inform of the outbreak and infection control measures.
- Provide 'warn and inform' letters to residents, visitors and staff if there is a suspected case of COVID-19 in the home.
- Although Public Health Wales 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 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 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



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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
- 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](#).

- a. Anyone who falls under the category of extremely clinically vulnerable should follow the advice on [shielding](#) when it is recommended, to protect these individuals.
- 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 contacts:** Any resident 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).
  - or
  - 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
  - or
  - has had any contact within one metre for one minute or longer with a confirmed case without face-to-face contact
  - or
  - 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:**

- 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<sup>3</sup>.
- 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:**

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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<sup>3</sup> 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. Isolation for 14 days applies to all groups of the population, including children.

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.
- **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.

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- 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 are not expected to have dedicated isolation facilities for people living in the home but should implement isolation precautions when someone in the home 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's 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 room. Only essential staff rostered to the individual resident (wearing PPE) should enter the resident's 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 care home.
- 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.



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- 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 sector are fundamental for the good care of individuals with suspected symptoms of COVID-19. No wholesaler has been asked to prioritise NHS provision over the care sector nor should they be doing so. The rationale underlying all PPE distribution and utilisation should be based on clinical risk. 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.

As part of the free distribution of PPE NHS Shared Services has already provided packs of PPE, comprising gloves, aprons, masks and goggles to local authorities for onward distribution to care providers in their areas. Further deliveries of stock are being rolled out on a continued basis and we will continue to work with local authorities and NHS Shared Services to monitor levels of PPE and provide future deliveries.

For future PPE requirements, care providers should order PPE from their usual suppliers.

If care 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.

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- 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 home, 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<sup>i</sup> 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



Health Board	Email for line listing
Swansea Bay (Swansea and Neath Port Talbot)	<a href="mailto:SBU.NeathPCH@wales.nhs.uk">SBU.NeathPCH@wales.nhs.uk</a>  01639 862757
BCU (Anglesey; Gwynedd; Denbighshire; Conwy; Wrexham; Flintshire)	<a href="mailto:BCU.Covid19CareHomeTestingHub@wales.nhs.uk">BCU.Covid19CareHomeTestingHub@wales.nhs.uk</a>  01745 448247
Cwm Taf Morgannwg  (Rhondda CynonTaf; Bridgend; Merthyr)	<a href="mailto:CTM_COVID19@wales.nhs.uk">CTM_COVID19@wales.nhs.uk</a>  01656 752993 (7 days a week, 9am-5pm).
Cardiff and Vale  (Cardiff and Vale of Glamorgan)	<a href="mailto:cardiffandvalecommunicationhub@wales.nhs.uk">cardiffandvalecommunicationhub@wales.nhs.uk</a>
Aneurin Bevan  (Monmouth; Newport; Torfaen, Caerphilly; Blaenau Gwent)	<a href="mailto:COVID.Enclosed.abb@wales.nhs.uk">COVID.Enclosed.abb@wales.nhs.uk</a>
Hywel Dda (Pembrokeshire; Ceredigion, Carmarthen)	<a href="mailto:COVIDenquiries.hdd@wales.nhs.uk">COVIDenquiries.hdd@wales.nhs.uk</a>
Powys	<a href="mailto:pthbcovid19@wales.nhs.uk">pthbcovid19@wales.nhs.uk</a>





**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.**

Description of Waste	Requirement	Note
<p><b>Offensive Waste and PPE from Non-Infectious individuals only</b></p> <p>e.g bodily fluids incontinence waste, stoma bags</p>	<p>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.</p>  <p>Dispose of as per usual arrangements.</p>	<p>Where possible urine and faeces collected in vessels/mobile toilets shall be flushed to sewer.</p> <p>Where macerators are routinely used, their use may be continued</p>
<p><b>Offensive Waste – Bodily fluids waste only</b> from COVID 19 suspected/confirmed individual (still in symptomatic phase)– e.g bodily fluids, incontinence waste, stoma bags etc</p>	<p>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</p>  <p>Dispose of as per usual arrangements.</p>	<p>Where possible urine and faeces collected in vessels/mobile toilets shall be flushed to sewer.</p> <p>Where macerators are routinely used, their use may be continued.</p>

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Description of Waste	Requirement	Note
<p><b>If the waste is stored for greater than 72hrs (for the specified wastes below only):</b></p> <p><b>Respiratory Intervention waste</b> (Suction catheters and other waste contaminated with respiratory secretions generated from the care of residents with a tracheostomy or long-term ventilation)</p> <p><b>Personal contact waste</b> (used tissues, and other soiled items, discarded PPE and disposable cleaning cloths) <b>used in administering care to the individual suspected or confirmed as having COVID 19.</b></p>	<p>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.</p> <p>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.</p>  <p>Dispose of as per usual arrangements.</p>	<p>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.</p> <p>You should maintain written records to demonstrate the waste has been held for 72hrs.</p>
<p><b>If the waste is unable to be stored for 72hrs (for the specified wastes below only):</b></p> <p><b>Respiratory Intervention waste</b> (Suction catheters and other waste contaminated with respiratory secretions generated from the care of residents with a tracheostomy or long-term ventilation)</p> <p><b>Personal contact waste</b> (used tissues, and other soiled items, discarded PPE</p>	<p>Place in an orange bag. Secure with swan neck and zip tie or tape and store safely.</p>  <p>Dispose of as infectious clinical waste</p>	

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Description of Waste	Requirement	Note
<p>and disposable cleaning cloths) <b>used in administering care to the individual suspected or confirmed as having COVID 19.</b></p>		
<p><b>Other Clinical Waste</b> associated with treatment of individuals – this may include other infectious waste from other treatments, sharps, pharmaceuticals etc</p>	<p>This waste requires specialist disposal and should be managed in line with the advice given in Health Technical Memorandum. 07-01: Safe management of healthcare waste.</p> <p>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></p> 	<p>Your clinical waste contractor should be able to give you advice also and help you get this right.</p>

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<sup>i</sup> Respiratory Intervention Waste - Suction catheters and other waste contaminated with respiratory secretions generated from the care of residents with a tracheostomy or long-term ventilation