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

Guidance on the Prevention and Management of Infection and Outbreaks of COVID-19 in Residential Settings in Wales provides information on infection prevention and control measures in a range of settings including those for children. Following this guidance will help to protect children and staff and support you in ensuring you comply with relevant legislation.

While this guidance must be applied but we recognise that in some circumstances implementing this guidance may prove difficult and adaptations will need to be made on a case by case basis. These questions address the situations most frequently raised with us but we appreciate that the particular scenario you might be encountering in your facility may not be covered. Public Health Wales is always willing to support individual risk assessment and provide advice, therefore, please contact us on 0300 00300 32 and we will be happy to discuss your questions with you.

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

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

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

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

In the event of an urgent placement testing should take place as soon as possible and a multi-agency risk assessed approach should be taken. Public Health Wales will provide specialist health protection advice to support a risk assessment.
If the child is likely to have been in contact with confirmed positive or symptomatic person, OR if the individual is symptomatic or confirmed to have COVID-19, then any urgent placement must be planned on the basis that they are COVID-19 positive. This should only take place when absolutely necessary and with specialist advice from Public Health Wales.

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

2. Do children need to be isolated for 14 days following admission to a residential care facility?

For children who are asymptomatic (do not have symptoms of Covid -19) and identified as low risk (see Q.1) isolation may not be appropriate and may have a negative impact on their wellbeing. The setting should follow social distancing, good hygiene and minimise the sharing of equipment for the first 14 days. Where social distancing is not possible, for example where close personal care is needed, staff should wear recommended PPE for the first 14 days. This advice should also be followed for planned placements where the child has tested negative prior to placement.

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

For urgent placements where the child has tested positive for COVID-19 or they have symptoms of COVID-19 they should be in isolation in their room as much is possible for 7 days or until symptoms resolve whichever is the longer. It is important that the child is able to interact with others in an appropriately socially distanced way or using technology and has access to outside areas such as a garden for some of the day. When moving around the home the child should be accompanied by a member of staff, wear a mask and avoid touching surfaces. Staff should use recommended PPE when providing any close personal care or when entering the child’s room. The home should be treated as a 'household' during this time and the remaining children should not leave the home for 14 days except in exceptional circumstances, which should be carefully risk assessed and managed with infection control precautions in place.
3. Do staff need to wear full PPE as there is concern this will cause distress to children?

Currently we would advise that staff follow the guidance for PPE as set out in the document 'How to Work Safely in Care Homes'. The PPE required will depend on the nature of the care being provided e.g. close personal care.  

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

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

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

If the child is symptomatic they should be tested and remain in isolation for 7 days or until any symptoms resolve, whichever is the longer. After that time they can be safely transferred to another setting.

If there is anyone in the residential setting who is symptomatic or has tested positive and the residents of the home are self-isolating any transfer should be delayed until the end of that 14 day period.

If the child is returning to their home and is well and there is no reason to believe that the child has come into contact with the virus then testing is not necessary. If there are others in the home where there are individuals who are clinically vulnerable or extremely vulnerable please follow the guidance on shielding.

If the child is going to another residential home or foster care placement they should be tested in line with Welsh Government policy (see Q1 above).
5. Can children still be admitted to a residential facility for respite care?

While there is ongoing community transmission of the virus it is important to avoid contact with others as far as possible which includes visits or overnight stays in other households. This would mean that respite care is best avoided other than in exceptional circumstances. Where respite care is judged to be in the best interests of the child, the guidance in the document 'How to Work Safety in Care Homes' should be applied. Public Health Wales will be happy to discuss appropriate infection prevention and control measures to reduce the risk of transmitting the infection.