



Llywodraeth Cymru
Welsh Government

POLICY AND STRATEGY, DOCUMENT

Social care guide to controlling acute respiratory infections from winter 2023 to 2024

This advice covers personal protective equipment (PPE), testing, isolation and visiting guidelines.

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Introduction

Beyond the emergency response to the pandemic, we need to consider the vulnerability of people accessing social care. We will build on our knowledge following excellent uptake by care home residents and social care staff of the COVID-19 vaccine. Social care workers still work tirelessly to apply infection prevention and control practices. These protect residents and staff from a range of Acute Respiratory Infections (ARI).

ARI covers illnesses like COVID-19, influenza, and respiratory syncytial virus (RSV). Some safeguards and good practices will continue to be advised where symptoms of ARIs are present. However we encourage care providers to ensure normality in homes and the lives of the people in their care. It's important that we all remember that care homes are a person's home and not a clinical environment. For this reason, there will always be some inherent risk of acquiring infection. While we do our best to prevent this risk and recognise residents are vulnerable, actions taken must consider wider harms.

We continue to monitor COVID-19 variants including the emergence of BA.2.86. If there is a risk of higher transmissibility and severity, we will consider steps to protect the more vulnerable as a precaution. These include:

- a higher level of infection and prevention control measures
- more targeted testing
- revising vaccination plans
- issuing of stronger guidance to the public on measures they can take to protect themselves and others

This guidance builds on the previous spring/summer 2023 guidance, as well as the **Public Health Respiratory Framework**.

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Managing acute respiratory infections: advice for staff

We advise public facing workers with respiratory infection symptoms and/or high temperatures to stay at home. They should also tell their employer as soon as possible.

When no longer unwell and/or with a high temperature and ready for work, employees may want to discuss with their employer ways to minimise risk. This is because some people may still be infectious.

Employees should also discuss with line managers how to minimise transmission. This applies if sharing a household or having overnight contact with someone who has:

- tested positive for COVID-19
- has symptoms of a respiratory virus

Vaccination against influenza and COVID-19 remains our best defence against spreading these viruses. The Winter Respiratory Vaccination Programme Frontline prioritises social care workers for vaccination. Social care workers are encouraged to take up the offer of both vaccines as early as possible. The protection offered by vaccinations will help:

- prevent frontline workers from becoming ill
- protect the people they care for
- protect the health and social care system from becoming overwhelmed

Find further details in the [Public Health Respiratory Framework](#).

Where there are no respiratory infections in adult

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care homes or the homes of people receiving domiciliary care

Testing for staff and residents

Asymptomatic testing is not recommended for staff or residents.

Further details can be found at: [Advice for health and care staff on respiratory viruses including COVID-19: guidance | GOV.WALES](#)

PPE requirements

PPE should meet the requirements of the [National Infection Prevention and Control Manual Wales](#). This notes using Standard Infection Prevention and Control Precautions (SICPs). Also, it discusses applying Transmission Based Precautions (TBPs).

Staff should wear gloves and aprons when providing close personal care. If blood and/or body fluid contamination to the eyes/face is anticipated/likely, staff should wear eye/face protection.

Find [current PPE advice on Public Health Wales's website](#).

Care home residents or those receiving domiciliary care are not required to wear a mask.

Visitors to care homes

Visitors should be welcomed, encouraged and enabled when there is no outbreak at the care home. Visiting arrangements should be as open and flexible

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as possible. Whilst visitors may be offered PPE, they are not required to wear a face mask unless they choose to do so.

People are asked not to attend a care home if they:

- have symptoms of a respiratory infection including COVID-19
- have a high temperature
- do not feel well enough to go to work
- have someone in their household with a known positive case in the last 10 days

Acute respiratory symptoms in one individual in a care home or the home of people receiving domiciliary care

Testing for staff and residents

Symptomatic people should be tested if they are eligible for anti-viral treatments. The health board in collaboration with the Health Protection Team will organise this test.

Asymptomatic testing for ARI including COVID-19 is not recommended for staff or other residents.

The testing of symptomatic health and social care staff is not routinely recommended. That is, unless they are personally vulnerable and anti-viral therapy would be appropriate. Symptomatic staff should be excluded from work based on symptoms and follow guidance. [Advice for health and care staff on respiratory viruses including COVID-19: guidance | GOV.WALES](#). Testing may be deployed as part of management of specific incidents.

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Isolation

Symptomatic people in care homes should be isolated where possible until symptoms have resolved.

For people testing positive for COVID-19 the period of isolation should be a minimum of five days. Release from isolation should happen when they are well and free of fever for 48 hours. There should be a maximum of 10 days isolation if they are not immunocompromised.

Local discretion should be used in decisions to extend isolation or test to release for the immunocompromised.

PPE requirements:

PPE used should meet the requirements of the [National Infection Prevention and Control Manual Wales](#). It notes using Standard Infection Prevention and Control Precautions (SICPs). Also it discusses the Transmission Based Precautions (TBPs).

Staff should wear gloves, aprons, and fluid resistant surgical masks when providing close personal care to the person. If blood and/or body fluid contamination to the eyes/face is anticipated/likely, staff should wear eye/face protection.

All staff within two metres of the symptomatic individual should wear a fluid resistant surgical mask.

The symptomatic person, if within a care home, should be isolated and supported to wear a face mask when others are in the room, if tolerable.

Asymptomatic residents or staff who may have been in contact with the symptomatic individual are not required to wear a mask.

Visitors to care homes:

When there is no outbreak at the care home, welcome, encourage and enable visitors. Visiting arrangements should be as open and flexible as possible. Whilst visitors may be offered PPE, they are not required to wear a face mask unless they choose to do so.

People are asked not to attend a care home if they:

- have symptoms of a respiratory infection including COVID-19
- have a high temperature,
- do not feel well enough to go to work
- have someone in their household with a known positive case in the last 10 days

Encourage visitors giving direct care to use face coverings in 2 metres of people with suspected or known ARIs. However, they are not required to wear a face mask unless they choose to do so.

Where two or more people in a care home have developed acute respiratory symptoms

Testing for staff and residents

Symptomatic people should be tested if they are eligible for anti-viral treatments. The health board in collaboration with the Health Protection Team will organise this test.

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The testing of symptomatic health and social care staff is not routinely recommended. That is, unless they are personally vulnerable and anti-viral therapy would be appropriate). Symptomatic staff should be excluded from work based on symptoms and follow guidance. Advice for health and care staff on respiratory viruses including [COVID-19: guidance | GOV.WALES](#). Testing may be deployed as part of management of specific incidents.

Testing may be deployed as part of infection and prevention control /streaming to manage incidents and outbreaks.

Where two or more people are symptomatic they should be tested with a multiplex PCR to determine which virus is circulating. This should be arranged through the local health board.

Isolation:

Symptomatic people should be isolated or cohorted together where possible until symptoms resolve.

For people testing positive for COVID-19 the period of isolation/cohorting should be a minimum of five days. Release from isolation should happen when they are well and free of fever for 48 hours. There should be a maximum 10 days isolation if they are not immunocompromised.

Local discretion should be used in decisions to extend isolation or to test before release for the immunocompromised.

PPE requirements

PPE used should meet the requirements of the [National Infection Prevention](#)

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and Control Manual Wales. It describes using Standard Infection Prevention and Control Precautions (SICPs). Also, it discusses Transmission Based Precautions (TBPs).

When giving close personal care to symptomatic people, wear:

- gloves
- aprons
- fluid resistant surgical masks

If blood and/or body fluid contamination to the eyes/face is anticipated/likely, wear eye/face protection.

In known or suspected cluster transmissions of ARI, staff should wear fluid resistant surgical masks.

Asymptomatic residents are not required to wear a face mask, though they may choose to do so by personal preference. Where immunosuppression raises risks of infection, facemasks may be encouraged for non-infectious people.

People in isolation/cohorting should be supported to wear a face mask when others are in the room if it can be tolerated.

Visitors to care homes

Visiting arrangements should remain as open and flexible as possible during an outbreak/incident. Continue to support visiting. Only implement restrictions to visiting after a risk assessment. As a minimum, essential visitors can continue to visit during an outbreak/incident.

Residents may nominate two essential visitors. This is for greater flexibility without greatly raising footfall into the home during an outbreak. They may visit

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separately or at the same time.

Whilst visitors may be offered PPE, they are not required to wear a face mask unless they choose to do so.

People are asked not to attend a care home if they:

- have symptoms of a respiratory infection including COVID-19
- have a high temperature,
- do not feel well enough to go to work
- have someone in their household with a known positive case in the last 10 days

Declaring an outbreak:

Declare incidents/outbreaks if two or more patients or staff cases of respiratory infection occur in a setting with suspicion of:

- nosocomial infection
- ongoing transmission

Further information on reporting is in [Public Health Wales's page on infections in care and residential settings](#). Also see section 5 of [Public Health Wales's page on infection prevention and control](#).

For outbreaks to be declared over, no new outbreak-associated symptomatic or confirmed COVID-19 cases can occur for 14 days.

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New admissions to care homes

Pre-admission testing is not currently recommended. This is because risks of introducing COVID-19 is significantly reduced due to high rates of immunisation.

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