



Llywodraeth Cymru  
Welsh Government

GUIDANCE

# Infection prevention and control in social care (Social care transition plan)

Guidance on infection prevention and control measures for social care. Also includes guidance on visits in and out of care homes.

**First published:** 28 March 2022

**Last updated:** 14 July 2022

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# Introduction

As we move beyond the emergency response to the pandemic, we will need to consider the vulnerability of many individuals accessing social care services; the higher risks associated with closed and indoor settings such as care homes, and the impact of transition arrangements on the sector itself.

We will build on what we have learned to date and what we have achieved over the last 2 years. We have rolled out a successful vaccination programme with excellent uptake by care home residents and social care staff. Those working in social care have worked tirelessly to establish improved infection prevention and control practices.

Some safeguards and good practices will continue to be advised moving forward, but we will also encourage care home providers to move confidently towards re-introducing a far greater sense of normality in their care homes and in the day-to-day lives of the people they care for. It is 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 and while we recognise residents are vulnerable, and we do our best to prevent this risk, any actions taken have to always consider the wider harms that may incur.

People working and living in social care settings and receiving domiciliary support services (DSS) have experienced very significant challenges throughout the pandemic [[Footnote 1](#)] and we do not underestimate the impact this has had on people's mental and physical health and their wellbeing. Our transition planning strikes a balance between supporting people's wellbeing and keeping people safe. We will continue to keep the situation under review and will act on the latest Public Health Wales (PHW) advice.

This document is intended to provide the social care sector with an outline summary of changes to the Test, Trace, Protect (TTP) arrangements and

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Infection Prevention & Control (IPC) guidance, and incorporates advice on care home visiting. This document signposts to more detailed Welsh Government and PHW guidance. A quick reference guide to the key messages can be found at [Annex 1](#).

This document has been revised to reflect the changes announced by the First Minister on 24 June 2022. The revisions relate to testing for health and social care staff, testing residents and visitors, use of Personal Protective Equipment (PPE), and social care staff self-isolation of positive cases and identified contacts.

## Testing and IPC requirements for social care workforce

We published our initial Coronavirus Control Plan in August 2020, and later our alert levels framework for responding to COVID-19. Current immunity levels in Wales are high and the picture is improving, but COVID-19 has not gone away. To respond to the changing landscape, the First Minister announced changes to restrictions on 4 March as part of the regular 21-day review cycle. The [new arrangements](#), move us to a more focused and targeted approach to protect the most vulnerable. [Further guidance on IPC practice is available on the Public Health Wales website](#).

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Testing Social Care Staff	We will continue to provide Lateral Flow Device (LFDs) for regular asymptomatic testing of staff that work in service user facing roles in high risk social care settings/services with vulnerable people. This will include health boards, adult social care (including DSS) and special schools.
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Unpaid carers looking after clinically vulnerable individuals will also be able to access LFDs via Local Authority channels.

We will continue to recommend regular twice weekly testing until such time as the community prevalence drops below the threshold where ‘false’ positive results become more likely. We recommend that staff working in high-risk social care settings and with other clinically vulnerable people should undertake LFD testing twice weekly. Any change to the frequency of testing will be officially communicated with settings in the usual way.

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Testing - residents   We will continue to provide multiplex PCR testing for COVID-19 and other respiratory viruses for symptomatic care home residents.

We will continue to provide LFD and PCR testing for those eligible for **COVID-19 treatments**.

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Social care staff - positive cases and identified contacts   Social care staff - positive cases and identified contacts. The legal requirement to self-isolate positive cases and unvaccinated contacts ended on 28 March 2022. The Self-Isolation Support payment scheme ended on 30 June 2022. The **COVID-19 statutory sick pay enhancement scheme has been extended to 31 August 2022**. This will continue to provide financial assistance to staff who are advised to stay home due to testing positive or being identified as a household contact (where current advice is to stay home for 48hrs if redeployment is not possible).

Social care staff who have tested positive are advised to stay at home and limit contact with others for at least 5 days. Staff should take a lateral flow test on day 5 and 6 after they tested positive and when they have two consecutive negative lateral flow tests 24 hours apart they can return to work.

If they test positive on either day 5 or 6, they should continue to stay away

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from work until they have 2 negative tests taken 24 hours apart or up until day 10. They are also strongly advised to stay at home and avoid contact with others whilst they continue to test positive.

The likelihood of a positive LFD in the absence of symptoms after 10 days is very low. However, if their LFD result is positive on the 10th day, they should continue to test and only return to work when a single negative LFD is achieved. [Full guidance is available](#).

Social care staff identified as contacts should follow specific social care guidance here. In brief however:

- All staff who are in close contact with service users should use lateral flow tests before coming to work each day for 7 days.
- If the staff member is a household contact who is not showing any symptoms of COVID-19, employers are advised to redeploy the staff member to non-service user facing duties for the first 48 hours after the household member tested positive or showed symptoms. If it is not possible to redeploy the individual, they should remain at home for 48 hours before returning to work and using LFDs for 7 days.
- Staff who work in close contact with patients/service users who are known to be immunosuppressed and/or clinically extremely vulnerable i.e. eligible for COVID-19 antiviral treatments, should not ordinarily continue to work with these service users when identified as a contact. Staff should be redeployed to work with service users who are known to not be immunosuppressed and/or clinically extremely vulnerable for at least 7 days.
- All other staff members not in contact with service users should follow the advice for the [general public](#).

Although the legal requirement to self-isolate positive cases and unvaccinated contacts will end 28 March 2022, the guidance will remain unchanged until at least June 2022 and support for those staff self-isolating will continue through the Self-Isolation Support Scheme or the COVID-19

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statutory sick pay enhancement scheme. Social care staff who have tested positive should follow the [self-isolation guidance](#).

Social care staff identified as contacts should follow specific [social care guidance](#).

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Use of Personal Protective Equipment (PPE)      The current [COVID-19 IPC Guidance](#) provides disease specific IPC measures to prevent transmission of SARS-CoV-2 in health and care settings in Wales. This guidance should be read in conjunction with the [National Infection Prevention and Control Manual Wales](#). This describes the application of Standard Infection Prevention and Control Precautions (SICPs) and Transmission Based Precautions (TBPs).

Details on the [PPE recommended for providing direct care in COVID-19 confirmed or suspected cases is available](#).

Staff should continue to wear gloves and aprons when providing direct, personal/ intimate care where there is anticipated body fluid exposure. Single use gloves, aprons and single use FRSM Type 11R mask should also be worn when providing direct, personal care to people with suspected or confirmed COVID-19.

A risk assessment tool to [support social care organisations in applying the Hierarchy of Controls \(HoC\) including PPE is available](#). It is recommended that assessment using this tool is performed on a regular basis.

Where there is no COVID-19 outbreak or incident at the care home setting, providers may risk assess the continued use of masks for staff not providing direct, personal care.

Mask wearing for staff not providing direct, personal care should resume if COVID-19 infection is suspected or confirmed within the setting.

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Further COVID-19 guidance can be accessed [on the Public Health Wales website](#).

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Maintaining social distancing	The guidance that social care staff, care home residents and recipients of DSS should maintain social distancing can be relaxed when there is no evidence of COVID-19 circulating in the home. Should an incident or an outbreak occur in a care home, social distancing could be re-introduced as a mitigating measure.
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## Care homes

People working and living in care homes and their families have experienced particularly significant challenges throughout the pandemic. The anguish caused by restrictions, the loss of loved ones and the separation from family and friends will not be forgotten. Similarly we acknowledge and reflect on the work of care home providers and their staff in caring for people and keeping them safe in very difficult circumstances. We do not underestimate the impact all of this has had on people's mental and physical health and their well-being.

Life in care homes is still very different to how it was pre-pandemic. We have to build on what we have learnt and what we have achieved over the last two years. We have a successful vaccination programme with excellent uptake by care home residents and the majority of care home staff. If staff vaccination uptake in particular at care homes is identified as being below optimal levels, there will be targeted attention with a view to increasing vaccination levels in order to keep both themselves and those they care for safe.

Care homes have established improved infection prevention and control

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practices and there needs to be a continued focus to ensure these gains are maintained. Although some safeguards will continue to be advised as we transition beyond alert level zero, we will encourage care home providers to move confidently towards re-introducing a greater sense of normality and homeliness in their care homes and enriching the day-to-day lives and enjoyment of the people they care for. People should be able to relax and spend time together, eat together and participate in communal activities.

A key aspect of the return to greater normality is ensuring that people are supported in their right to go out and to participate in family and community life and that this right is not restricted or inhibited.

Likewise, we expect visitors to be welcomed and encouraged in an open and flexible way. Routine indoor visiting should be supported by care home providers without restrictions when there is no outbreak. If appointment systems are considered necessary they should facilitate rather than restrict visiting. We do not expect there to be inappropriate restrictions on visitor numbers or on the length and frequency of visits.

## Visiting care homes

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Visiting 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 as possible. If appointment systems are used they should facilitate rather than restrict visiting. There should not be inappropriate restrictions on visitor numbers or on the length and frequency of visits.
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We advise LFD testing by visitors/visiting professionals and evidence of a

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negative test result within the 24 hour period preceding the visit. Care homes should make tests available to visitors to self-administer off-site as they will not be readily available to members of the public through other means. This will remain in place until community prevalence declines and the chances of false positive results increase.

Essential visitors are being retained to provide continuity of visits during an outbreak. People may now nominate 2 essential visitors in order to give greater flexibility without significantly increasing footfall into the home during an outbreak. They may visit separately or at the same.

Although the legal requirement to self-isolate positive cases and unvaccinated contacts ended on 28 March 2022, the guidance will remain unchanged until at least August 2022. People should refrain from visiting care homes unless they:

- are well and do not have symptoms of COVID-19 (new continuous cough, fever or loss of taste and or/smell) or any other infectious diseases
- have not tested positive for COVID-19 in the last 10 days
- if they have had COVID-19 in the last 10 days, to confirm that they have complied with the guidance for positive cases

If visitors are a close contact of a positive case of COVID-19 in the last 10 days they are asked to not attend the care home during this period of time.

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Face coverings when visiting a care home

The legal requirement for visitors to wear face coverings when in public areas of care homes and when moving through the care home will ended on 30 May 2022. Providers may take a risk assessed approach.

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Routine visiting into and out of care homes during an outbreak	Routine visiting into and out of care homes may be supported during some COVID-19 incidents or outbreaks, depending on public health advice for the specific outbreak.
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## Care home residents

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Admissions to care homes following hospital discharge	<p>Testing for care home residents returning from inpatient hospital stays will continue.</p> <p>Care home residents are still recommended to self-isolate following discharge, but may test to release using LFD tests on day 3.</p> <p>Guidance on <a href="#">testing prior to discharge and subsequent self-isolation arrangements</a>.</p>
Admission to a care setting from elsewhere	<p>Individuals requiring admission to a care home from their own home, the home of a relative or from another care setting should receive a risk assessment in regard to their infection risk, including for COVID-19 infection.</p> <p>If an individual has symptoms of COVID-19 or has tested positive, placement or admission could be delayed for 10 days (or 14 days</p>

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for those who are clinically or extremely clinically vulnerable) or the care home could consider admitting into isolation if they have the facilities to do so.

Full guidance on [admission to a care setting from elsewhere is available](#) (phw.nhs.wales).

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Care home residents going out

Providers should support and encourage people living in care homes to exercise their right to go out and to participate in family and community life. This right should not be restricted or inhibited.

LFD testing after a visit out is only advised in very limited circumstances depending on the nature of the activity and the risk of virus transmission, particularly if the resident is not vaccinated – for example large gatherings, particularly indoors, where there is concern that reasonable measures to reduce transmission are not in place.

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Care home resident isolation - those who have received a positive test result or identified as a contact

Although the legal requirement to self-isolate positive cases and unvaccinated contacts ended 28 March 2022, the guidance will remain unchanged until at least August 2022. [Guidance for people with symptoms of a respiratory infection, including COVID-19 is available](#).

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Care home resident social distancing

The guidance that staff and residents maintain social distancing can be relaxed when there is no evidence of COVID-19 circulating in the home. Should an incident or an outbreak occur social distancing could be re-introduced as a mitigating measure.

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## Declaring an outbreak and outbreak management

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# in care homes

Guidance relating to the management of COVID-19 infections within care homes is provided by Public Health Wales and [can be found on their website](#).

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## Measures      COVID transition proposal

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Declaring an outbreak/ incident of COVID infection      The declaration and management of outbreaks of COVID-19 within care homes has been brought in line with existing respiratory infection guidance so that an incident/outbreak is only declared if two or more patients or staff cases of COVID-19 occur within a specific setting where nosocomial infection and ongoing transmission is suspected.

For an outbreak to be declared over, there should be no new outbreak-associated symptomatic or confirmed COVID-19 cases for a minimum period of at least 14 days.

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Testing for outbreak management      Mobile Testing units retained to manage and support outbreaks.  
Contingency LFD capacity to be retained to support local outbreak management and investigating emerging variants.

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## Annex 1

### Quick reference guide

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Vaccinations      Additional spring booster dose for our most vulnerable individuals

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Measures	Guidance
Staff testing	<p data-bbox="408 389 788 418">commenced March - June.</p> <p data-bbox="408 495 1366 562">We recommend LFD testing for symptomatic health and social care staff.</p> <p data-bbox="408 613 1390 680">We recommend twice weekly asymptomatic testing for those working with the vulnerable such as health and social care staff.</p>
Resident testing	<p data-bbox="408 757 1366 824">We will continue to provide multiplex PCR testing for COVID-19 and other respiratory viruses for symptomatic care home residents.</p> <p data-bbox="408 875 1390 943">We will continue to provide LFD and PCR testing for those eligible for COVID-19 treatments.</p>
Stay at home	<p data-bbox="408 1016 1390 1084">Asymptomatic staff who are contacts of COVID-19 positive cases can continue working but should test using LFDs for 7 days.</p> <p data-bbox="408 1135 1366 1202">Asymptomatic staff who are household contacts are advised to test using LFDs for 7 days.</p> <p data-bbox="408 1254 1406 1406">All staff members who are COVID-19 positive should remain away from work and strongly advised to stay at home for at least 5 days and to test on day 5 and 6. Staff can return where two negative LFDs are obtained 24 hours apart.</p>
PPE good practice	<p data-bbox="408 1480 1414 1547">Staff should continue to wear gloves and aprons when providing direct, personal/ intimate care where there is anticipated body fluid exposure.</p> <p data-bbox="408 1599 1366 1704">Single use gloves, aprons and single use FRSM Type 11R mask should also be worn when providing direct, personal care to people with suspected or confirmed COVID-19.</p>

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<b>Measures</b>	<b>Guidance</b>
Social distancing	<p>Social distancing can be relaxed when there is no evidence of COVID-19 circulating in the setting.</p> <p>Should an incident or an outbreak occur in a care home, social distancing could be re-introduced as a mitigating measure.</p>
Mask wearing	<p>Where there is no COVID-19 outbreak or incident at the care home setting, providers may risk assess the continued use of masks for staff not providing direct, personal care.</p> <p>Mask wearing for staff not providing direct, personal care should resume if COVID-19 infection is suspected or confirmed within the setting.</p> <p>The legal requirement for visitors to wear face coverings when in public areas of care homes and when moving through the care home ended on 30 May 2022. Providers may take a risk assessed approach.</p>
Care home visitors	<p>Routine indoor visiting should be enabled and encouraged when there is no outbreak at the care home. Visiting arrangements should be as open and flexible as possible and if appointment systems are used they should facilitate rather than restrict visiting.</p> <p>There should not be inappropriate restrictions on visitor numbers or on the length and frequency of visits.</p> <p>People may now nominate 2 'essential visitors' to ensure continuity of visits during an outbreak. They may visit separately or at the same time.</p> <p>Advise LFD testing by visitors/visiting professionals and evidence of a negative test result within the 24 hour period preceding the visit. Care homes should make LFDs available to visitors to self-administer off-</p>

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site.

The legal requirement for visitors to wear face coverings when in public areas of care homes and when moving through the care home ended on 30 May 2022. Providers may take a risk assessed approach.

Routine visiting into and out of care homes may be supported during some COVID-19 incidents or outbreaks, depending on public health advice for the specific outbreak.

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Residents going out returning from visits within the community

Providers should support and encourage people living in care homes to exercise their right to go out and to participate in family and community life.

LFD testing after a visit out is only advised in very limited circumstances depending on the nature of the activity and the risk of virus transmission, particularly if the resident is not vaccinated.

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## Footnote

1. For example, see: Rapid review on the impact of the COVID-19 pandemic on the mental health of health and social care workers within the UK. Report: RR00002, [Wales COVID-19 Evidence Centre](#), July 2021 and have infection control and prevention measures resulted in any adverse outcomes for care home and domiciliary care residents and staff. Report: RR00018, [Wales COVID-19 Evidence Centre](#), November 2021.

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