# WRITTEN STATEMENT

# BY

# THE WELSH GOVERNMENT

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| **TITLE**  | **Discharge arrangements and duration of Covid outbreaks in social care** |
| **DATE**  | **15 December 2020** |
| **BY** | **Vaughan Gething MS, Minister for Health and Social Services** |

As an integrated health and social care system, our priority is getting each individual to the right setting safely, to support their recovery, avoid deconditioning and promote their well-being.

Our Covid discharge guidance is based on the principle of “home first”, the Discharge to Recover then Assess pathways and a collective focus on rehabilitation and reablement, and this will remain the case when we recover from this pandemic.

If we get the transfer from hospital to the next stage of care right, patient flow is maintained. This means that the people who urgently need acute hospital care can access it promptly, whilst vulnerable people, including older people, especially those with frailties, are protected from the risks of deconditioning and of Health Care Acquired Infections that extended stays in hospital pose.

On the other hand, it is vital that we avoid importing infection into care homes or other settings, or exposing people to infection unnecessarily. This balance is what I mean by getting hospital discharge right.

To balance the imperative to get people to where they can best be cared for against the need to protect care homes and other settings from accidental transmission, we have requirements in place around discharge and also around when a care home or other setting, having had an outbreak, can be declared Covid-free.

As we gather more data on Covid and our understanding develops, it is right that we should revise our approaches to these key questions. We have advice from the Technical Advisory Group, which I am publishing today, around these two topics, and this underpins the positions on discharge testing and on duration of outbreaks which I am announcing today.

For patients who have had Covid-19, the key point in relation to discharge is infectivity. We now know that the best indicators of cessation of infectivity are lapse of time and remission of symptoms, with a test playing a confirmatory role. It is essential now, more than ever, that people who are no longer infectious with Covid are not inappropriately retained in health care settings. We can now say with confidence that a person who has a test result with a Cycle Threshold (Ct) number of 35 or above is no longer infectious and therefore can return to their home or a social care setting without posing a risk of Covid to others, or facing the need to isolate for a period of time.

For that reason I am changing the guidance on discharge with immediate effect so that people with a negative Covid test, or a test with a Ct number of 35 or above, may be discharged to home or a social care setting. This will be provided that the other criteria of 14 days having elapsed since the last positive test or onset of symptoms, the person having been free from fever for three days, and other symptoms having shown improvement, are all met. The guidance remains that patients who are infectious, but no longer need acute care, should move to a Covid-infectious step-down facility. This applies to patients who have had Covid; for patients who have not had evidence of Covid-19, the current requirements for a negative test prior to discharge and an isolation period will remain in place, to address the risk of acquiring infection after the test is taken.

Similarly, for determination of outbreaks; our growing understanding of Covid allows for a better understanding of the duration of incubation periods and infectivity. This is a matter of considerable importance given the impact of care home closures stemming from outbreaks on the ability to allow new admissions into homes and, indeed, to permit visitors to those already in residence. Our latest advice indicates that we can say with a high degree of confidence that – provided proper Infection Prevention and Control processes have been applied – individuals are very unlikely to still be infectious 20 days after the last case in a closed setting has been identified. I intend therefore to allow multi-disciplinary teams, having taken into account the specific circumstances of individual homes, to declare outbreaks over after 20 days have elapsed since the last positive test or manifestation of symptoms. This modification of the current 28-day requirement will be subject to a confirmatory round of negative or low positive (Ct score ≥35) tests at the 14 day point.

[https://gov.wales/technical-advisory-group-updated-consensus-statement-recommended-testing-criteria-discharge](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgov.wales%2Ftechnical-advisory-group-updated-consensus-statement-recommended-testing-criteria-discharge&data=04%7C01%7CPSMHSS%40gov.wales%7Ccbd9e4f17f9e440bce3608d8a0e8f9a8%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C637436269760173950%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=WSmOsdsNrrS0VfXh3bumNd%2BrCbf3MnSgC%2BVTouqxodE%3D&reserved=0)