WHC 2022/011

CYLCHLYTHYR IECHYD CYMRU

Llywodraeth Cymru
Welsh Government

Dyddiad Cyhoeddi: Medi 2022

STATWS: GWEITHREDU

CATEGORI: IECHYD Y CYHOEDD

Teitl: Fframwaith Profi Cleifion – Canllawiau wedi'u diweddaru

I'w adolygu: Tachwedd 2022 (gan ddibynnu ar ddangosyddion iechyd y cyhoedd)

I'w weithredu gan:
Pob Bwrdd Iechyd, Ymddiriedolaethau'r GIG

Angen gweithredu erbyn:
Ar unwaith

Anfonydd: Yr Athro Chris Jones, Dirprwy Brif Swyddog Meddygol / Cyfarwyddwr Meddygol, GIG Cymru

Enw(au) Cyswllt GIGC Llywodraeth Cymru :
Is-adran Profi, Olrhain a Diogelu, Grŵp Iechyd a Gwasanaethau Cymdeithasol, Llywodraeth Cymru, Covid19.ProfiOlrhainDiogelu@llyw.cymru

Dogfen(nau) amgaeedig: 1

Annwyl Gydweithwyr,

Cyhoeddodd Llywodraeth Cymru ei ‘Fframwaith ar gyfer profion COVID-19 i gleifion yn yr ysbyty yng Nghymru’ ym mis Mawrth 2021. Yn sgil brechu eang a newid yn y sefyllfa o ran cyflyrau iechyd y cyhoedd, rydym yn adolygu'r fframwaith yn barhaus yng nghyd-destun y cyflyrau iechyd y cyhoedd presennol. Mae’r Grŵp Cynghori a Blaenoriaethu Clinigol ar gyfer Profion yn rhoi cyngor ar adolygu'r trefniadau. Dyma ddiweddariad pellach yn dilyn y Cylchlythyr Iechyd Cymru a gyhoeddwyd ym mis Mawrth 2022.

Y Cyd-destun Presennol:

Yn ystod mis Awst rydym wedi adolygu'r dull profi ar gyfer y rhai sy'n asymptomatig, a hynny yng nghyd-destun y dystiolaeth bod brechu yn effeithiol iawn o ran lleihau’r risg o salwch symptomatig, clefydau difrifol, cyfnodau yn yr ysbyty a marwolaethau. Ochr yn ochr â’r brechlynnau, mae triniaethau gwrthfeirol newydd ar gael sy’n gallu helpu i leihau difrifoldeb clefydau, yn enwedig i’r rheini sy’n fwyaf tebygol o fod mewn perygl o wynebu canlyniadau niweidiol.

Mae profi asymptomatig rheolaidd yn cael llai o effaith gadarnhaol yn ystod cyfnodau pan fo nifer yr achosion yn isel ac ar lwybr tuag lawr o ran gwella canlyniadau iechyd. Mae hyn, ynghyd â'r amddiffyniad a ddarperir gan ymyriadau eraill megis brechu, a risg cynyddol o niwed o fewn llwybrau nad ydynt yn ymwneud â COVID, yn golygu bod ei werth wedi gostwng.

Yn seiliedig ar yr uchod, bydd profion asymptomatig ar gyfer staff iechyd a gofal cymdeithasol yn dod i ben ar 8 Medi.

Diweddariad i’r Fframwaith:

O fewn y cyd-destun presennol hwn mae'n ymddangos ei bod yn gymesur yn awr i roi’r gorau i’r rhan fwyaf o brofion asymptomatig ym maes iechyd a gofal cymdeithasol wrth i lefelau’r niwed o COVID-19 barhau'n gymharol isel o ganlyniad i frechu, tra bod mathau eraill o niwed sy'n gysylltiedig ag oedi cyn bod unigolion yn cael sylw clinigol neu driniaeth wedi dod yn fwy sylweddol.

Mae'r canllawiau hyn yn seiliedig ar y dystiolaeth wyddonol, y dystiolaeth o ran iechyd y cyhoedd a’r dystiolaeth arbenigol sydd ar gael i ni ar hyn o bryd, ond mae hefyd yn cydnabod pwysigrwydd caniatáu i benderfyniadau gael eu gwneud yn lleol ynghylch ble neu pryd y gall fod angen cynyddu neu leihau profion, gan ddibynnu ar asesiadau risg a a pha mor agored i niwed yw cleifion, cyfraddau nosocomiaidd lleol a chyfraddau trosglwyddo cymunedol.

Yn gywir,

Yr Athro Chris Jones,
Cyfarwyddwr Clinigol Cenedlaethol, GIG Cymru

Atodiad 1

Patient Testing Framework

Pre-admission testing for elective procedures

Generally patients will not be admitted on an elective basis if they are symptomatic. If a patient has received a positive test result a risk assessment will be needed to assess benefit and harm of proceeding or not proceeding and waiting for symptoms to clear, and /or a negative LFD, PCR or NAAT.

For asymptomatic patients, health boards can take a local decision based on clinical assessment of the risk for the patient based on their vulnerability, the surgical procedure or treatment, risk to others and benefit of knowing the patient's COVID-19 infection status on whether pre-operative testing is required.

Testing on unscheduled admission

Patients with respiratory symptoms should be tested using NAAT for SARS-CoV2, Influenza, RSV or a full multiplex as clinically indicated. Further testing will be determined by the patient's clinical state if the initial result is negative.

Patients without respiratory symptoms do not need to be routinely tested but can be tested based on the clinical assessment of the risk for the patient based on their vulnerability, their anticipated medical procedure or treatment, and risk to others and benefit of knowing the patient's COVID-19 infection status.

Post admission testing of patients

Asymptomatic testing

No further routine asymptomatic testing is advised unless required on the basis of a local decision.

Symptomatic testing

Patients who develop symptoms should be tested with NAAT for SARS-CoV2, Influenza, RSV or a full multiplex as clinically directed.

Testing for discharge to a closed setting

The testing requirement for discharge to a closed setting is based on symptom resolution and the time elapsed from a positive test.

This testing guidance can be considered as part of an assessment prior to discharge. Testing requirements shouldn't prevent discharge if the assessment supports discharge and other measures are considered appropriate.

We would encourage health boards to work with care home providers on discharge testing arrangements.

- Patients who have tested positive for COVID on or since admission can assume non-infectivity when:
    - Symptoms have resolved, PLUS
    - 20 days have elapsed, OR
    - 10 days have elapsed with either a negative LFD or a negative or low positive NAAT.
- Asymptomatic patients who have not previously tested positive for COVID to be tested with an LFD within 24 hours of planned discharge to a care facility.

	Symptomatic / Asymptomatic	**Test**	**Timing**
Pre-admission	Asymptomatic Pre-surgical / chemotherapy/non surgical	NAAT LFD	No need to routinely test. Testing based on a local decision determined by clinical risk assessment.
Unscheduled admission	Symptomatic	NAAT*	On admission. If negative, further testing determined by clinical state
	Asymptomatic	LFD or NAAT	No need to routinely test. Testing based on a local decision determined by clinical risk assessment.
Post admission testing of inpatients	Symptomatic	NAAT*	
	Asymptomatic	N/A	No further routine asymptomatic testing unless required on basis of a local decision.
Pre discharge to closed setting	Asymptomatic but COVID positive on or since admission	Possible LFD or NAAT	Assume non-infectivity when: • Symptoms have resolved, PLUS • 20 days have elapsed, OR • 10 days have elapsed with either a negative LFD or a negative or low positive NAAT.
	Asymptomatic and not COVID positive within admission	LFD	Within 24 hours of planned discharge to a care facility.

* NAAT for SARS-CoV2, Influenza, RSV (full multiplex as clinically indicated)