

Updated Guidance on **Friends and Family** Visiting Care Homes March 2021 England Services Only

This guidance applies from 8 March 2021 and is with regard to **friends and family** visits to care homes only.

Summary

All care homes should seek to enable:

- Indoor visiting by a 'single named visitor' for every supported Individual. These visitors will need to take a rapid lateral flow test and the test be negative before the visits commences and all other measures, temperature, blood oxygen tests etc.
- They should minimise physical contact with supported individuals. They must observe social distancing and PPE use and follow all necessary infection control measures and be in a designated space. **See Section 1 below.**
- Opportunities for every supported individual to see more people than just their single named visitor, by enabling outdoor visiting and 'screened' visits. **See Section 2 below**
- Visits when someone is near the end of their life. **See Section 3 below.**

In the event of an outbreak in a care home, all visiting should stop immediately, except for end of life visits and for essential care givers.

It is not a condition of visiting that the visitor or the supported individual should have been vaccinated.

Each care home is unique in its physical layout, surrounding environment and facilities and supported individuals vary in their needs. Managers are therefore best placed to decide how their care home can best enable visiting in line with this guidance.

1. Nominating and Testing the single named visitor

The care home should ask each supported individual who they would like to nominate as their single named visitor.

Where the supported individual lacks the capacity to make this decision, the care home is encouraged to discuss the situation with the supported individual's family and friends. A person can only be nominated if this has been determined to be in the supported individual's best interests. It is important that the single named visitor remains the same person as far as possible, in order to limit the number of different people coming into the care home.

Before receiving and testing visitors, it is important that providers put in place relevant safeguards. If the visitor tests positive they must immediately leave the premises. They must complete a PCR test, which should be provided for them by the care home.

The visitor must book their visit with the service, 48 hours before.

Managers should ensure the testing area has enough space to maintain social distancing. Visitors should have access to hand hygiene and the area should be well ventilated.

Visitors who have recently tested positive for COVID-19 should not routinely be retested within 90 days unless they develop new symptoms. Some visitors will not need to be tested regularly because they will still fall into this 90-day window. These visitors should use the result of their positive PCR test to show that they are exempt. Once the 90-day period is over, the visitors should then continue to be tested. They should still continue to follow all other relevant IPC measures throughout these 90 days, including social distancing, maintaining good hand hygiene and wearing PPE.

2. Outdoor visiting and 'screened' visits

Visits should happen in the open air wherever possible (under an awning, gazebo, open-sided marquee etc.) For these visits:

- the visitor and supported individual must remain at least 2 metres apart at all times
- the visit can take place at a window

'Visiting pods' can be used. Where this is not possible, a dedicated room such as a conservatory, or a room that can be entered directly from outside can be used. In both of these cases, providers must ensure that:

- the visiting space is used by only one supported individual (plus essential care giver where appropriate) and visitor at a time, and is subject to enhanced cleaning between each visit.
- the visitor enters the space from outside wherever possible.
- where there is a single access point to the space, the supported individual and visitor enter the space at different times to ensure that safe distancing can be maintained.
- there is a substantial screen between the supported individual and visitor.
- there is good ventilation.
- appropriate PPE is used throughout the visit.
- social distancing (between visitors, supported individuals, staff, and visitors from other households) must be maintained at all times.
- IPC practice must be maintained throughout.

3. Exceptional circumstances such as end of life

Visits in exceptional circumstances such as end of life should always be enabled. Families and supported individuals should be supported to plan visiting carefully, with the assumption that visiting will not just be towards the very end of life. Visitors should be tested using supplied rapid lateral flow tests.

Essential visitors to services

For all essential visitors, including, Healthcare professionals, External Visitor(s) i.e. Contractor Consensus Staff (Senior Management Teams, Operational Team, Positive Behaviour Intervention Team, Regional Trainers, Regional Executive Assistants etc), the following will apply:

- Any visits should be pre-arranged and agreed with the service.
- Temperature and Oximeters readings will be taken.
- Hand hygiene and social distancing must be observed.
- PPE must be worn in the service at all times.
- If there is an outbreak at the service you are strongly advised to reschedule your visit.
- Consensus staff must take part in the testing regime as set out in the Testing guidance note.

Your Top Ten Things to Check Before Visiting Begins!

1. Have you recorded the details of all the chosen single named visitors? Are any Best Interest decisions needed in this regard?
2. Have you thought about your testing area? – space for max. 2 visitors? hand hygiene available? Ventilation? Will visitors don/doff PPE here?
3. Have you gathered your resources for visitor testing? Got enough PCRs, LFDs, PPE, visitor logs and paperwork?
4. Are you ready to record all the visitors' testing data? Previous positive tests, on the day test results, essential care giver (ECG) test regimes – print off the process for ECGs to make sure they understand what to do
5. Consider the meeting area: If it's indoors, then think about:
 - a. Safe ingress/egress
 - b. Ventilation
 - c. Donning/doffing PPE
 - d. Space for up to 3?
 - e. Screens in place?
 - f. Space to socially distance?
 - g. Hand hygiene available?
6. Do you have anyone who might receive an End of Life visit?
7. Have you done Dynamic Risk Assessments for each resident and for any restrictions the layout of the home presents when considering the safe visitation requirements?
8. Have you communicated all of the relevant information about testing, visiting and timings etc. to friends and family?
9. Have you appointed a Visitor Champion to undertake the administration connected to all of the above requirements? The Workforce Capacity Fund can pay for this resource. Are you operating a booking system to control numbers, times, details of visits, people's ID etc? – ensure you have your policy on frequency and length of visits already in place, so as to avoid bottlenecks.

Additional Considerations and Actions

Dynamic Risk Assessments

Providers should develop a dynamic risk assessment to help them decide how to safely provide the visiting opportunities outlined in this guidance, in a way that takes account of the individual needs of their supported individuals, as well as the physical and other features unique to the care home.

This risk assessment should consider:

- where visiting will happen and how visitors might be received on arrival at the home to avoid mingling with other visitors, staff or supported individuals etc.

- the precautions that will be taken to prevent infection during visits (including PPE and hand washing).

Providers must consider the rights of supported individuals who may lack the mental capacity needed to make particular decisions, including who they wish their single named visitor to be.

Conduct of the visit

Care homes are best placed to decide how often and for how long visitors can come into the home. This is likely to be determined by practical considerations such as the layout of the home.

Visitors should keep physical contact to a minimum, such as holding hands. There should be no close physical contact such as hugging. Visitors should also observe strict social distancing from other supported individuals, visitors and staff at all times.

Infection Control

All visitors must follow any guidance, procedures or protocols put in place by the home to ensure compliance with infection prevention control. Care homes should keep a record of visitors' details.

Visitors should wash their hands for 20 seconds or use hand sanitiser on entering and leaving the home, and catch coughs and sneezes in tissues and clean their hands after disposal of the tissues. Any visitor who tests positive with a rapid lateral flow test should immediately leave the premises. They should be offered a confirmatory PCR test by the care home.

Screening questions that care homes may wish to ask visitors on arrival are:

- have you been feeling unwell recently?
- have you had recent onset of a new continuous cough?
- do you have a high temperature?
- have you noticed a loss of, or change in, normal sense of taste or smell?
- have you tested positive for COVID-19 in the past 10 days?
- have you had recent contact (in the last 14 days) with anyone with COVID-19 symptoms or with confirmed COVID-19?

Staff should discuss with visitors any gifts they bring for supported individuals, as they will need to be cleaned by the care home to prevent cross contamination.

Communicating with families and visitors

The care home's policy and visiting advice should be made available to supported individuals and families. Friends and family should be advised that any visits to the care home are subject to the specific circumstances of the home and those living and working in it and that if there is a declared outbreak in the home then visiting will need to be restricted only to exceptional circumstances such as end of life.

In Conclusion

Whilst the risk of COVID-19 will remain with us for some time, as an organisation we need to continue to limit the number of opportunities that could expose our services to this virus. Our first priority remains to prevent infections in our services and to protect staff and the people we support.

With the appropriate use of PPE, and good infection control procedures our services will be safe environments. To maintain a safe environment, we have to manage the risk posed by visitors which



may mean restrictions on who can visit and on how the visit takes place. Our approach will be in line with the latest government guidance and will be dynamic and compassionate to respond to individual circumstances.

For further advice please speak to your local senior manager. This guidance will be reviewed and updated on a regular basis as appropriate.